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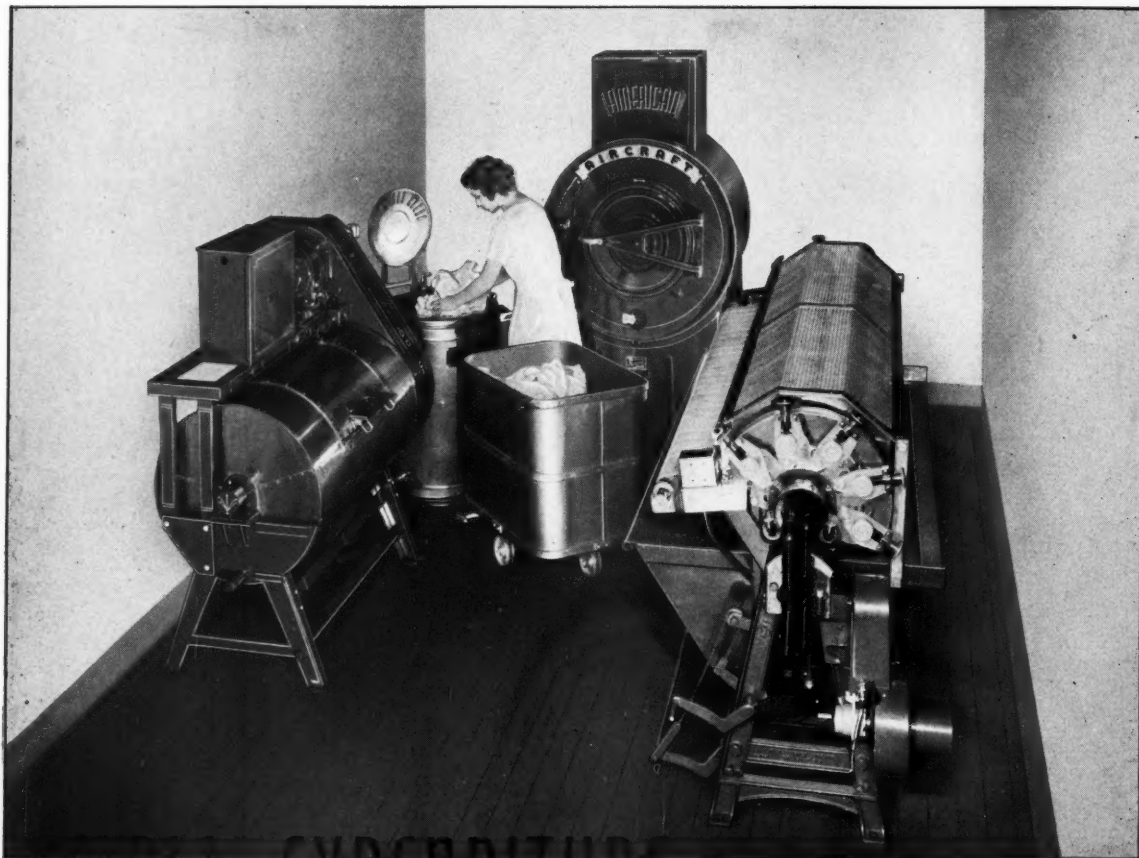
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TORONTO, AUGUST, 1943

CANADIAN HOSPITAL

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"The Canadian Hospital"

Official Journal of the
Canadian Hospital Council

Vol. 20

AUGUST, 1943

No. 8

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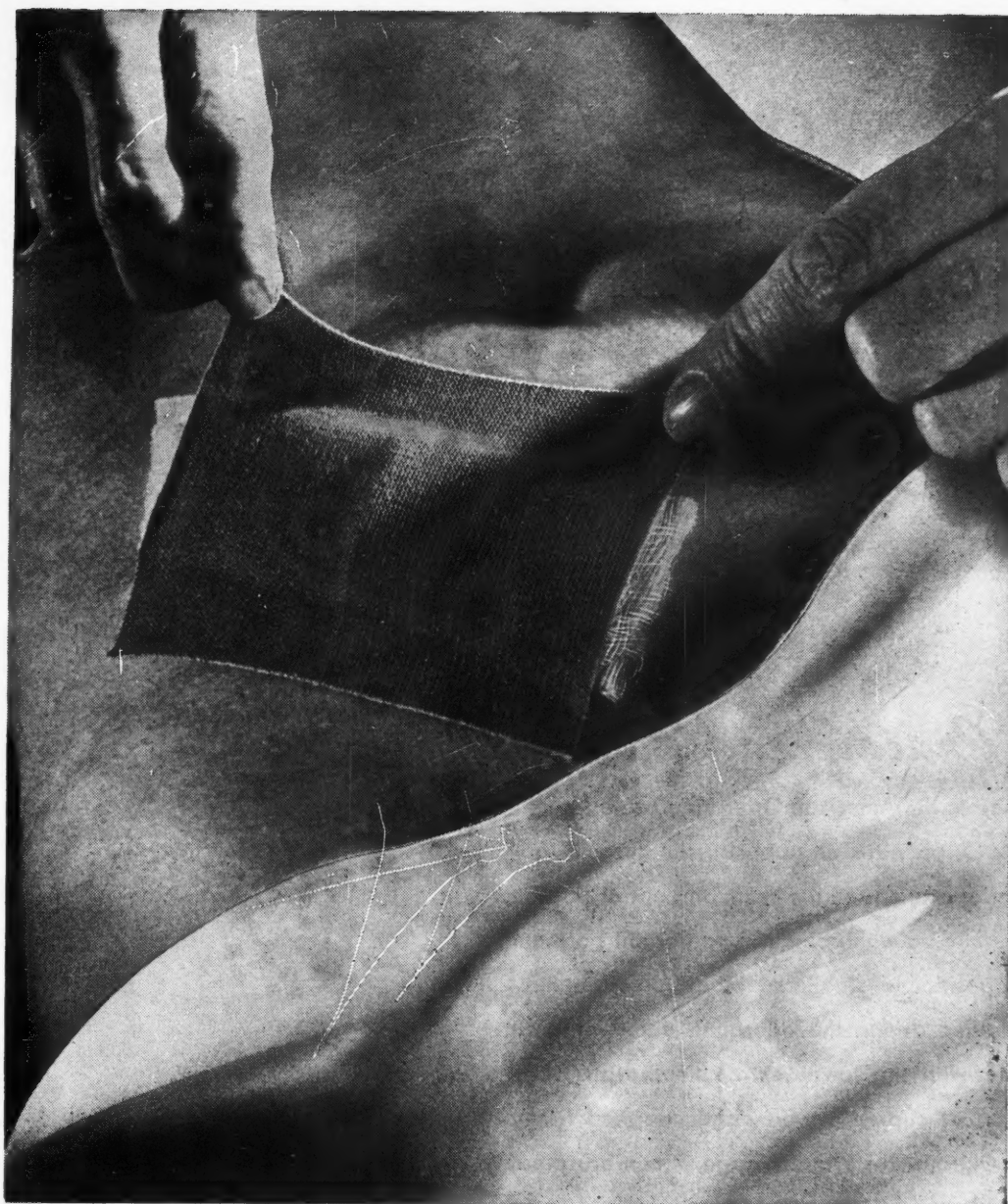
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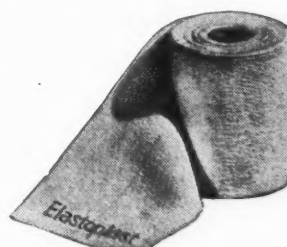
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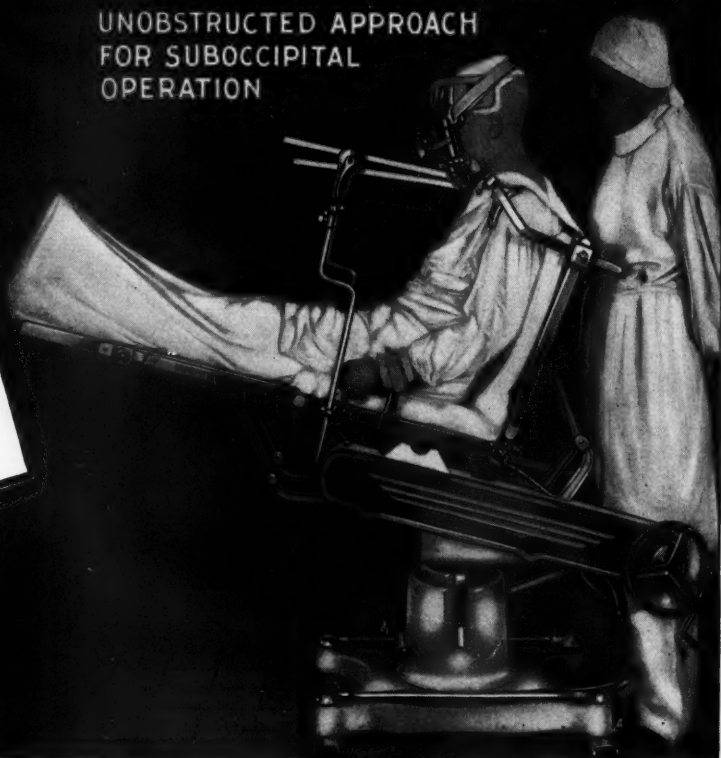
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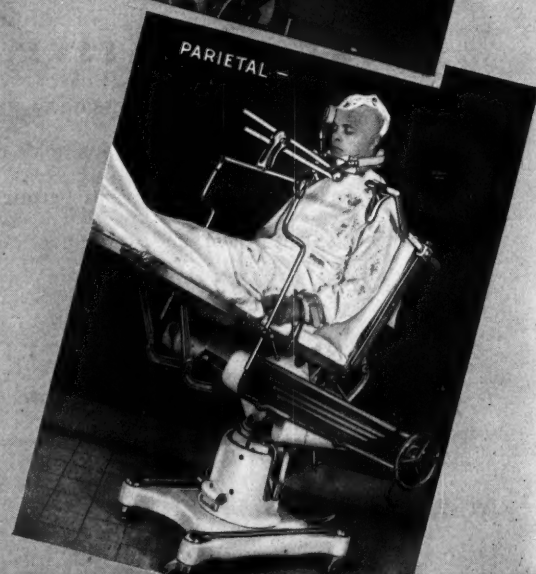
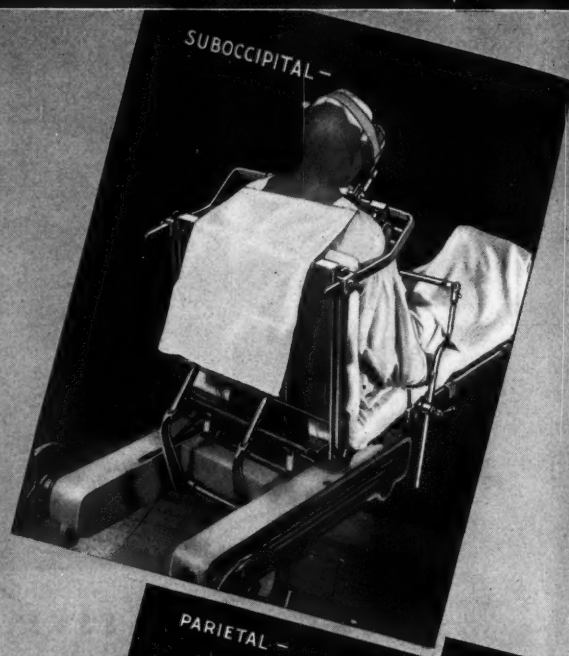
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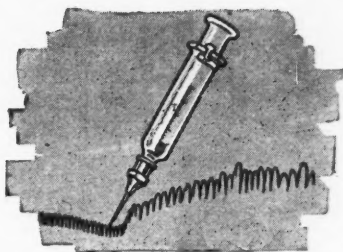
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(1) 1939. Accepted Foods and Their Nutritional Significance, Council on Foods, American Medical Association, Chicago, Illinois.

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CANADIAN HOSPITAL

Harvey Agnew, M.D., Editor

Toronto, August, 1943

Vol. 20

No. 8

The Point of View of Medicine

Community Programmes for Nursing Service

PUBLIC welfare work and health care in general, as we know them, have been developed through processes of evolution. Systematic planning in either instance has been a factor of but the last few decades. Actually we have only begun to organize these essential community services.

What we have done has been to develop various individual activities as separate entities with little, if any, regard or thought to other related activities. One could cite many examples:

1. Developing the science of medicine with the little thought to availability or distribution of medical facilities;
2. Providing and often duplicating hospitals for acute diseases with neglect of chronics or the senile;
3. Raising the standards of nursing services without meeting the

economic needs of those requiring nursing service;

4. Developing public health and preventive medicine without considering nutrition, housing and economic security, closely bound up with the prevention of disease.

These examples indicate the disjointed and unco-ordinated way in which health progress has been made. On this continent we have been particularly prone to function as *individuals* rather than as teams. We are inveterate experimenters and always doing something on our own. We have developed "rugged individualism" until it has become a fetish and has made us lose all too much of our national and community perspective. Fortunately, much effort has been made in the last few years to overcome this situation.

Health Insurance

We are stimulated to consider a community programme for nursing service by the imminence of health

insurance. The measure now taking shape at Ottawa is a very comprehensive one providing extensive diagnostic and therapeutic features. Home and hospital nursing care will be provided. Moreover a broad programme of public health and preventive measures has been planned, in the provision of which nursing service should play a major part.

When this legislation comes into effect and is implemented in the different provinces, it is very likely that an unprecedented degree of *organization of all of our community health programmes* will take place. It is highly desirable, therefore, to work out the necessary plans without further delay, so that the changes associated with health insurance may be introduced with the least initial upset and experimental confusion.

Co-ordinated Community Programmes

Our first consideration should be to envision a community programme in which the work of all agencies—

Condensed from an address by Harvey Agnew, M.D., at a course on Public Relations and Community Nursing Services, School of Nursing, University of Toronto, May, 1943.

doctors, nurses, hospitals, social workers, etc.—would be closely integrated. We should try to get away from this idea of isolated watertight compartments and to develop the broader perspective of *co-ordinated effort*. With health insurance so likely to come within the next few years, we would be better advised, too, to give thought to a community programme as it would need to be worked out under that system rather than under our present setup.

In considering a nursing programme the doctor is likely to think of *three aspects*:

- (a) nursing care of his patients;
- (b) possible expansion of the duties and responsibilities normally assigned to nurses;
- (c) public health nursing.

(a) Nursing Care

The primary consideration of the nursing profession is to nurse the patient; that is both obvious and traditional. Hospital nursing is well organized. Special nursing, too, is well organized in both hospital and at home; the problem there is largely one of family finance.

The patient, however, does find it difficult in many places to obtain *visiting or hourly nurse service*. The V.O.N. and local organizations have done much to make visiting nursing possible, but *greater coverage* is needed. Under health insurance, it is anticipated that this will be the most readily available type of nursing service in the home.

The doctor and the patient are interested also in the partially-trained attendant, the *practical nurse*. Until recently she was ignored by most nursing organizations, although it is encouraging to note that 17 out of 26 registries reporting to the National Health Survey just completed stated that they were listing partially-trained nursing attendants. We must realize, however, that she fills a highly essential position, especially where chronic invalids must be cared for at home. It is better to recognize her, train her for certain duties and assign her to certain responsibilities than to pretend that she does not exist, or that there is no need of her. A measure to officially register them was approved by the British Parliament this last session. The practical nurse should be on a regis-

try and, if she is able and willing to help with the meals and wipe Johnny's nose, such should be noted, for in many homes that is the type of person most needed.

One feels, too, that our community programme of nursing care should extend even to the care of *senile patients*. The actual care, except in an administrative capacity, may not require the graduate nurse, but she should give leadership in the programme of providing complete nursing care for the community's needs.

Follow-up, particularly where home conditions are not ideal, is vital. Here we tie in with social service, either voluntary or municipal. This is notable by its absence in most communities.

(b) Expansion of Responsibilities and Duties

We must realize that the practice of medicine and the practice of nursing are not static. Their fields are based on tradition, but that does not mean that they are as fixed as the laws of the Medes and the Persians. Much of what was the field of the doctor yesterday is within the field of the nurse to-day. As standards of training rise, it is but natural that various less exacting responsibilities be passed on to others. Many of the duties now performed by nurses will be passed on to ward aides or to nursing assistants. This spells both efficiency and economy.

With the increasing complexity of medical care, clinical duties on the wards are becoming more extensive and time-consuming. One has in mind intravenous therapy, oxygen administration, blood pressure reading and a number of other therapeutic and diagnostic procedures. Clinical recording should be mentioned. Some of these duties have been assumed by technicians or by medical record librarians, but in an increasing number of hospitals these tasks are being assumed by nurses. With the increase in hospitalization under health insurance and the anticipated shortage of doctors, it is but natural to expect that nurses will assume to a greater degree than hitherto many of these duties. There are not now, and never can be, sufficient interns to meet the need.

Most of these duties should not be performed by *any* nurse, pupil or

graduate, but should be undertaken only by selected graduates especially trained for this work. In other words, we have here a new specialty in nursing — two, if a career as a medical record librarian be considered. A short course covering a number of these activities was arranged by the Provincial Department of Health at the Faculty of Medicine in this University in January and we would anticipate that others may be arranged as time goes on.

In *private practice* we see the office nurse doing much of the routine for the doctor; e.g., doing dressings or making inoculations for hay fever. Office laboratory work is largely done by the nurse. The nurse frequently gives much of the antenatal and postnatal instruction. This trend will probably increase.

In *industrial medicine*, the nurse plays a major role. In many plants she is full-time and the doctor attends only at certain hours and in case of emergency. The nurse does a great deal in the way of treating minor accidents, changing dressings, etc., which, under other circumstances would be done by the doctor himself. Doctor Grant Cunningham, the well-known authority on industrial hygiene, stated before the National Committee making the recent National Health Survey that there should be one full-time nurse to every 300 employees.

(c) Public Health Nursing

There is every indication that public health nursing will receive a distinct impetus under health insurance. This measure as now drafted proposes a very extensive programme of public health and preventive medicine. There would be federal assistance for tuberculosis, mental diseases, special investigations and the training in public health of doctors, engineers, inspectors and *nurses*. An extensive programme of services and activities under the provincial minister of health has been outlined. This would include such subjects as public education, communicable diseases, food and drug control, nutrition, diagnosis, dental, maternal, child, mental and industrial hygiene, cancer, research, etc.

All of this would mean a tremendous development in the field of public health nursing. It is hoped,

and is proposed, that a large measure of the preventive work would be done through and by the family doctor. This would bring the public health nurse in still more frequent contact with the practising physician and the family than in the past.

Undoubtedly our facilities for giving public health training will need considerable amplification.

Rural Nursing

Our discussion of community nursing from the medical viewpoint would not be a balanced one if we do not give thought to the problems of the rural area. These areas have always suffered from a lack of adequate medical care in the broad sense. Not only has there been a lack of doctors, but there has been a lack, too, of nurses, dentists and social workers. Public health measures and hygiene services have been sadly lacking. Despite a good chain of rural hospitals, many rural areas sadly need adequate facilities for hospital care.

Much improvement has taken place in the last few years, however, and still further progress is anticipated under health insurance. It is quite probable that the rural picture will show marked change.

In the first place there should be an *increased number of doctors* in rural areas. There are those groups who advocate compulsory forcing of doctors into those areas. This, obviously, would be a short-sighted policy, for other means would be more effectual. There could be more municipal physicians, or physicians on salary or with provincial subsidy for unorganized or thinly-populated areas. If rural conditions be made more attractive, more doctors will choose, or remain in, these areas.

In the second place one anticipates that in time a whole network of *district nursing* will be organized. Doctors could cover much larger areas if they had nurse assistants in these areas to handle less severe cases, to note progress on others and to report emergencies or pending developments in professional language that would mean something to the doctor. For some months this winter, we are told, a nurse, all by herself, treated a serious compound fracture way up at Chesterfield Inlet, getting instruc-



Royal Victoria Hospital Adds New Psychiatric Unit

The establishment at "Ravenscrag", former home of Sir Montagu and Lady Allan, of the Allan Memorial Institute of Psychiatry, including a 50-bed hospital with clinical, research and teaching facilities, has been announced jointly by the Royal Victoria Hospital at Montreal and McGill University. "Ravenscrag" was given to the hospital by the Allans some months ago, and work has already been started on the conversion of the fine old house.

Creation of the Institute has been made possible by grants from the Rockefeller Foundation and the provincial government and by the generosity of several Montreal citizens. The Board of Governors of the hospital agreed to the use of the building as a psychiatric unit, and also agreed to provide within the building, as the

hospital's contribution, a 50-bed reception unit (operated as part of a general hospital) where patients can be admitted, either voluntarily or by court order, for examination, diagnosis and treatment.

A Joint Hospital Committee has been set up to deal with questions arising from the relationship of the Memorial Institute to the Verdun Protestant Hospital and the Montreal General Hospital "in such a way that a maximum benefit would result to each co-operating institution".

Much satisfaction has been expressed over the appointment of Dr. D. Ewen Cameron as Director of the Institute. Dr. Cameron is recognized as one of the world's outstanding psychiatrists, and is at present Psychiatrist-in-Chief at the Royal Victoria Hospital.

tions from, and reporting progress to, Ottawa by radio communication.

Supporting these doctors and nurses should be an adequate chain of *small hospitals*. I do not mean a costly and unnecessary surfeit of small hospitals. There comes a point where we can have too many small hospitals with but limited facilities and a dearth of well-equipped and staffed central hospitals. But we should have well-equipped small hospitals in strategic locations, fed, if necessary, by small outpost hospitals staffed by nurses. With modern transportation and communication,

such would be the better solution in many instances. Patients should be brought in where necessary and hospitalized where they could get the most appropriate treatment. This development will depend to a large extent upon whether doctors are to be paid upon a fee-for-service or a capitation basis, the former being likely to retard and the latter to accelerate this arrangement.

Diagnostic facilities, particularly laboratory and X-ray facilities, will become more readily available. Where necessary, consultants may be
(Concluded on page 42)



Maritime Hospital Association Now a Going Concern

Kentville Meeting Exceeds Expectations

THE Maritime Hospital Association, officially organized last year at Pictou Lodge and now meeting for the first time on its own, has more than vindicated the optimism of those who have worked for the amalgamation of its component associations. Under the able guidance of President Joseph A. McMillan, M.D., of Charlottetown and Miss Ruth C. Wilson of Moncton, with Sister M. Ignatius in charge of the programme, a meeting was staged at the lovely Cornwallis Inn in Kentville on June 29 and 30 which drew nearly 200 people from every part of the three provinces.

Not only that but over fifty representatives of women's auxiliaries, from Campbellton to Sydney, met concurrently and fused their recently-

formed provincial associations into a united Maritime Hospital Aids Association. It was a great week for the Maritime hospitals even though it did rain throughout the meeting!

At this meeting the new constitution, drafted by J. F. H. Teed, K.C., of Saint John was adopted.

Health Insurance

The main topic of discussion was health insurance—voluntary hospital insurance and national health insurance. Mr. R. F. Cahalane, Director of Blue Cross Plans for Massachusetts, and Mr. Norman Saunders, Director of the Ontario Plan for Hospital Care, brought outside view-

points to the discussion of the recently launched Maritime Plan which has been developed by a Committee under the chairmanship of the Rev. John R. MacDonald of Antigonish. This Plan is now in operation under the direction of Miss R. C. Wilson of Moncton, and should make rapid progress. Dr. George F. Stephens described the Montreal plan.

The proposed national health insurance measure was discussed at length. Dr. Stephens reviewed the "Principles" adopted by the Canadian Hospital Council; Dr. Harvey Agnew spoke on "The Medical Profession and Health Insurance"; Mother M. Audet of Campbellton discussed "The Voluntary Hospital and Health Insurance" and Miss Alice Ahearn, R.N., of Ottawa, Chairman of the C.N.A. Health Insurance Committee, spoke on "The Nursing Profession and Health Insurance". Mr. H. G. Wright was to have completed the symposium by speaking for "The Public" but was unable to attend through illness.

The discussion was quite spirited. The Rev. James Boyle of Sydney was not pleased with the attitude of inevitability displayed towards health



Top Left—Blanchard-Fraser Memorial Hospital, Kentville.

Top Right—Two of the buildings of the Nova Scotia Sanatorium at Kentville.

Left—Cornwallis Inn.



Top Row—Mr. R. F. Cahalane, Director of Blue Cross Plans for Massachusetts; Rev. Sister M. Ignatius; Miss Ruth C. Wilson, Secretary, of the Maritime Hospital Association; Judge N. R. MacArthur.

Front Row—Dr. Harvey Agnew, Secretary, Canadian Hospital Council; Rev. Father John R. MacDonald; Dr. Joseph A. McMillan, President of the Maritime Hospital Association; Dr. George F. Stephens, President, Canadian Hospital Council.

insurance.* He considered it a threat to liberty and as being potentially possible of destroying the values inherent in the voluntary system. There was the danger of placing too much power in the hands of the government. Dr. P. S. Campbell, Chief Health Officer for Nova Scotia, was apprehensive of the possible costs. However, it does appear that our present system leaves something to be desired. He thought the hospitals were well protected in the draft measure.

Speaking on the "Future of the Voluntary Hospital" Judge N. R. MacArthur of Sydney strongly urged the preservation of the voluntary hospital. "There is no community effort which inspires such a personal solicitude for the misfortunes of others as does the support of hospitals . . . The cure of all the ills of the people does not lie through state control."

The Banquet was the largest ever

*The excellent work of Father Boyle in helping to establish co-operatives at Havre Boucher is described in Dr. M. M. Coady's well-known book on the co-operative movement, "Masters of Their Own Destiny".

held by any of the Maritime associations. Dr. M. M. Coady of St. Francis Xavier University was chief speaker and urged a practical idealism which would make us realize that the solution for most of our troubles lies within ourselves.

Superintendents' Session

The Superintendents' Section, presided over by Miss A. J. MacMaster of Moncton, heard Dr. Agnew speak on "The Need for Qualified Administrators". Reference was made to existing refresher and other courses, and the likely trends of the future. At this session a permanent Superintendents' Section was set up.

Major J. F. Campbell, Superintendent of Rationing for Nova Scotia, reviewed wartime rationing and did not hold out a rosy future for canned goods. He did anticipate,

Below—Some members of the N.S. & P.E.I. Women's Aids Association.

Front Row—Mrs. J. J. Duffy, Charlottetown; Mrs. W. H. Robbins, New Glasgow; Mrs. H. A. MacQuarrie, New Glasgow; Mrs. L. M. Christie, Truro. Back Row—Miss Margaret Weisner, Charlottetown; Mrs. A. M. Hunter, Halifax; Mrs. N. Winston Churchill, Glace Bay.





however, a better supply of corn syrup and molasses.

The Round Tables, as usual, elicited much discussion.

Women's Auxiliary

The delegates of the women's aids to the number of approximately fifty were in attendance from all three provinces. They were welcomed by Mrs. W. H. Robbins, of New Glasgow, President for Nova Scotia and by Dr. J. A. McMillan. Dr. Agnew spoke on "The Aids' Contribution to Hospital Service". At this meeting it was definitely agreed to form a Maritime Hospital Aids Association, made up of the provincial associations and to meet annually with the Maritime Hospital Association.

Officers

Officers of the Maritime Hospital Association for the ensuing year will be as follows:

President: Dr. Joseph A. McMillan, Charlottetown, P.E.I.

First Vice-President and Chairman for Nova Scotia: Sister M. Ignatius, Sydney.

Second Vice-President and Chairman for New Brunswick: Dr. R. J. Collins, East Saint John.

Secretary: Miss Ruth C. Wilson, Moncton, N.B.

Treasurer: Mrs. H. W. Porter, Kentville, N.S.

Additional Members Executive Committee: Dr. H. E. Britton, Moncton; Mr. Fred MacDonald, Sydney Mines; Mr. Walter E. Darbey, Summerside.

Plan for Hospital Care Committee: Dr. M. M. Coady, St. Francis Xavier University, chairman; Dr. J. A. Clark, Charlottetown; Mr. John N. Flood, Saint John.

Nursing Committee: Miss Marjorie Jenkins, Halifax.

Constitution and By-laws: Mr. J. F. H. Teed, Saint John.

Canadian Hospital Council Representatives: Dr. J. A. McMillan, Miss Ruth C. Wilson. Alternates: Dr. R. J. Collins, Dr. J. A. Clark.

Maritime Hospital Aids Association

President: Mrs. J. C. McKinnon, Sydney.

Vice - Presidents: Mrs. Percy Woodley, Saint John; Mrs. W. H. Robbins, New Glasgow; Mrs. R. J. McDonald, Charlottetown; Mrs. H. Wyman Porter, Kentville.

Above Left—Officers of the New Brunswick Women's Aids Association. Mrs. W. F. Cassidy, Chatham, 1st Vice-president; Mrs. Carl V. Belyea, Saint John, Secretary; Mrs. Percy N. Woodley, Saint John, President and Mrs. Walter S. Carson, Moncton, 2nd Vice-president.

Above Right—Mr. R. H. Gale, Saint John; the Rev. James Boyle, Sydney and J. F. H. Teed, K.C., of Saint John.

Corresponding Secretary: Mrs. Walter Carson, Moncton.

Recording Secretary: Mrs. Arthur Sutherland, Sydney.

Statements Worth Remembering

"The great weakness in the democratic system is that we acknowledge and assume too few of the responsibilities which should lie upon the individual."

—Judge N. R. MacArthur, Sydney.

"Plans for hospital care do not sell hospital service; they pay hospital bills. The Plan is not obliged to find hospital accommodation for subscribers."

—George F. Stephens, M.D.

"Plans for hospital care are in conformity with the best democratic tradition."

—Rev. Mother Audet, R.N., Campbellton.

"You hospital people have the politician where he cannot refuse you. Why? Someday he will get a pain right here and he knows that that means you will get him strapped on a stretcher. Then when you get the nozzle over his nose he is afraid he will be very sorry if he has treated you mean."

—M. M. Coady, M.D., Antigonish.



Dr. W. S. Blair, Chairman of the Board, Blanchard-Fraser Memorial Hospital and Mrs. H. Wyman Porter, Chairman of the Women's Auxiliary of the hospital and Treasurer of the Maritime Hospital Association.

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HOUSEWIFE

Not to exceed
24 hours weekly

ROYAL
VICTORIA
HOSPITAL

requires

PART TIME HELP for

PANTRY SERVICE
DINING ROOM
STEAM TABLE
SERVICE
WARD MAIDS

7 a.m. to 11 a.m.

10.30 a.m. to 3 p.m.

4 p.m. to 7 30 p.m.

SATISFACTORY PAY
MEAL ON DUTY
UNIFORMS SUPPLIED

APPLY IN PERSON TO
INFORMATION DESK,
MAIN ENTRANCE
OR BY TELEPHONE

PL. 1251, LOCAL 397 OR 398

BUSINESS

An APPEAL To Any Able-Bodied HOUSEWIFE of any age! Will you take a PAID Part-Time JOB

•Hospital •Restaurant
•Hotel •Laundry
•Dry-Cleaning
Establishment
or other essential civilian work
3 to 6 Hours a Day
or 2 or 3 Full Days a Week

The civilian services are desperately
needed because so many of their former full-time
workers have joined the Services or gone into war
industries. Civilian services must continue to provide
food, care for the sick and cleaning
public health.

Wages will be standard according to
every effort will be made to place
you in a new class of workers.

You will be entitled to wear the lapel
pin issued to this new class of workers.

If you will come to 822 Bay Street, one block north
College, to the Women's Branch of Employment Selective
Service, a hostess from the Local Council will be glad to
explain how you can increase your family income or
saving and at the same time make a splendid contribution
to the War Effort. Your lapel pin will show your status
as homemaker and worker.

PROCEDURE WILL BE SIMPLIFIED.
It will take but a few minutes of your time. COURTEOUS
officials are ready to answer your questions quickly—
NO WAITING.

The Local Council of Women of Toronto is
Sponsoring this Recruitment of Housewives

112 HELP WANTED FEMALE (Continued)

STUDENTS

AGE UNDER 16 YEARS

STOP!

LOOK!

READ!

HERE IS AN OPPORTUNITY TO
EARN EXTRA MONEY DURING
SUMMER HOLIDAYS.

No Experience Necessary

ROYAL VICTORIA
HOSPITAL

NEEDS YOUR SERVICES
IMMEDIATELY!

WAITRESSES
WARD MAIDS
LAUNDRY WORKERS

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HOSPITALS that are having difficulty in obtaining personnel might be interested in the above advertising which has been inserted in recent issues of certain newspapers. Hospitals can advertise over their own names by appealing for the recruitment of housewives. This is illustrated in the left-hand advertisement above, used by the Royal Victoria Hospital in Montreal. The right-hand advertisement by the same hospital appeals to students under 16 years of age to act as waitresses, ward maids and laundry workers during the holiday season.

The central advertisement is unusual in that this large 3-column advertisement appearing in a Toronto newspaper was inserted by the Local Council of Women, appealing for part-time workers for hospitals, restaurants, hotels, laundries and dry-cleaning establishments. The Local Council of Women has a hostess at the Women's Branch of the National Selective Service office to discuss these part-time positions with applicants. We are pleased to note that hospitals were placed first on the list. The advertisement informs applicants that those accepting these posi-

tions will be entitled to wear a lapel pin showing their status as "homemaker and worker". This is of interest, as the issuance of a pin to hospital workers in general has been refused by the government.

The day after this advertisement first appeared, by the way, established a new record at the N.S.S. office. Extra chairs, extra tables, extra application forms and extra staff were rushed to the scene of action, and proved quite unavailing to keep up with the stream of applicants. At the end of the first hectic

(Concluded on page 44)



Our Canadian Nurses in South Africa

MANY readers will be familiar with the circumstances which led to the recruiting in Canada of 300 nurses for service with the South African Nursing Service. My duties were to be those of Liaison Officer. Our group, numbering 80, left Canada in December, 1941, and proceeded to New York. After a delay of several days, occasioned by the difficult task of replacing absconding seamen, we set sail for the base of the African continent.

Our ship, a small one, was sister ship to the ill-fated "Zam-Zam", and with the exception of the Captain, who was a Scot, all members of the crew were Egyptians. The dining stewards were colourful figures in

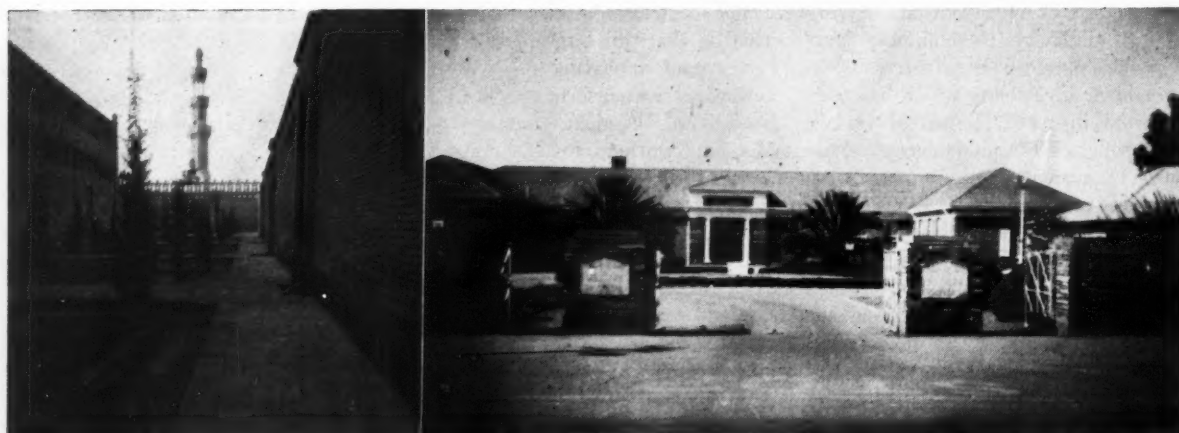
By **GLADYS SHARPE, R.N.**
Toronto

voluminous linen pantaloons, gold-braided scarlet jackets, and the maroon fez which identifies the Mohammedan. The other passengers included 50 American lads who were going as volunteer ambulance drivers to the Middle East, many of them undergraduates of Yale, Harvard and Cornell. Aside from certain social aspects of male company, and the added responsibility of chaperonage which devolved upon the Matron, these young men contributed to our sense of security by constituting a "dusk to dawn patrol" and life-boat crews.

During the long days of the following weeks we had organized lecture periods: the group, divided according to provincial representation, reviewed Canada, introduced South Africa and taught first aid to the American Field Service boys, who reciprocated by providing instruction in gymnastics. Black-out restrictions prevented indoor evening activity, and the moonlight, which delighted the unthinking, caused nights of anxious watchfulness for the Captain. On one such night we

Above—Canadian Nurses in front of the Rhodes Memorial.

Below, Left—The citadel at Aden. Below, Right—The Voortrekker-hoogte Hospital in Pretoria.

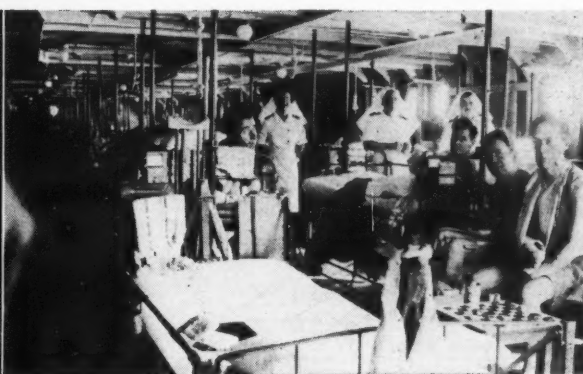


Centre — Matron Sharpe with General Smuts, who won such an overwhelming victory at the recent elections.



Lower Left—Canadian nurses and Baragwanith Hospital in the Transvaal.

Below—A ward in the hospital ship "Amra".



were on deck when a flare shot from the inky blackness of the sea. As the ship swung suddenly at almost right angles, the moon was blacked out by a hitherto unseen bank of cloud, and it was fully fifteen minutes before it was in sight again. We reluctantly retired to the cabins to sleep. Next morning, as each hesitated to comment upon the strange phenomenon, the Captain remarked tersely: "That cloud saved us a mighty lot of trouble".

After five weeks at sea, the "Fair-est Cape in all the World" did not belie its title, for the stately mass of Table Mountain donned her filmy cloth of cloud to welcome us. Shortly after anchoring, a Movement Control Officer came aboard with instructions from the Matron-in-Chief regarding the disposition of our party and the group was divided into seven units. The following morning we docked and several units left immediately by troop train, while others remained until evening. This provided an opportunity to see something of Cape Town, which combines

the charm of old Dutch architecture with the sedate robes of a modern city. We were entertained by a niece of Olive Schreiner, whose book, "The Story of an African Farm" is considered a classic of South African life.

The following day I left for the administrative capital, Pretoria. Travelling first through the vineyards of South Africa, then for two days and nights over the Great Karoo (a vast expanse of arid land on which 20,000,000 sheep graze) and through Kimberley and Mafeking; then on the morning of the third day Johannesburg and finally Pretoria was reached. My duties kept me there for just under three months. During the weeks spent in the office of the Matron-in-Chief, a card index was made out for each Canadian member, while a cross-index indicated special preparation for various services. Those with operating room and psychiatric experience were particularly valuable. A visit to each of the hospitals in which our Canadians were stationed afforded an opportu-

ity to be of assistance to individual members in their period of orientation. The heat was particularly trying; on the occasion of a visit to Durban in March the mercury had soared to 107° inside one of the wards.

In late April the opening of a new hospital near Johannesburg gave a welcome opportunity to do real nursing. By an arrangement with the British Government three hospitals were built for the care of Imperial troops, and it was to one of these I was assigned. With accommodation for 1,700 patients, this vast series of hutments was the finest I have seen designed for a like purpose. It is impossible to describe it in detail, but it took ten minutes to walk from my quarters to the office, and 2½ hours to make the rounds of one-third of the wards, of which there were 48. Three blocks of 16 wards each radiated from the central administrative building. These were arranged in pairs and connected by covered passageways. Eight surgical wards were joined to the operating room by en-



Ross Cooper of Moose Jaw, Phyllis Horrocks of Edmonton and Antoinette Starbury, also of Edmonton, take time out from a rickshaw ride in Durban.

closed corridors. The nursing staff numbered 360—140 of whom were trained (83 being Canadians) and 220 V.A.D.'s. A school for the latter was inaugurated at Baragwanath, and under the capable tutorship of Miss Groenwald (one of our Canadians), some forty young women were made available each month for service in the Union.

Our living quarters were not attractive: the unplastered brick walls and concrete floors, while cool in the heat of summer, were not designed for comfort during the bitterly cold winter months of May-August. In the Transvaal, where an altitude of between 5,000-6,000 feet obtains, a very different problem is presented to that of the coastall cities of Durban and Capetown.

Each living hut accommodated twelve nurses, and one "ablution hut" served four such buildings; these, at a distance of several yards from each of the huts, were not connected by either enclosed or covered passageways. After a hot bath, one scurried towards bed in an unsuccessful attempt to retain some of the acquired warmth which, with the weight of heavy army blankets, created an illusion of comfort. Separate quarters for the night staff were provided, and some sixty young women were awakened at 4 p.m. daily by the traditional cup of tea.

From the virgin veldt of April to the attractively landscaped hospital of November showed the amazing fertil-

ity of the soil. About one hundred plane and popular trees of two years' growth were planted in August; these were in leaf in September. Mascots arrived seemingly from nowhere, brought by invisible hands, and disappeared just as mysteriously during official rounds only to reappear a few minutes after the "all clear" had sounded. Gay-coloured budgies, nondescript dogs and cats, with a straying donkey, constituted the animal life of our community. A double bowling green, five tennis courts, a cricket field and 18 hole golf course—to say nothing of a beautiful swimming bath—provided both patients and staff with every facility for recreation.

Our beds filled rapidly; the first convoy via hospital train brought casualties from Burma, Madagascar, the Middle East, and Singapore, at the rate of 257 admitted in just two hours. During the busy months spent there, the high light was the official opening ceremony at which Field Marshal Smuts took the opportunity of publicly thanking Canada for sending nurses.

In mid December, a long awaited trip on the South African Hospital Ship materialized and, with all lights ablaze—even to a nine foot electric Red Cross on bow and stern—we sailed, protected by the terms of the Geneva Convention. Christmas was spent "somewhere off Zanzibar"; then on New Year's Eve we docked in Aden. It was to this principal Port of Yemen Province of Arabia that our troops retreated after being forced from British Somaliland in 1940. The town consists of one long winding street from which narrow lanes branch. It is one of the dirtiest spots imaginable, with sanitary provisions of the most primitive nature; filthy squatting Arabs, veiled women, and goats wearing padlocked brassieres to prevent other than the owner from milking them, were intriguing sights to the Westerner! We drove first to Crater City which, in the site of an extinct volcano, now houses the native populace. The living conditions are appalling; a mangy dog lies on one doorstep; a goat looks enquiringly out of an upstairs win-

(Continued on page 40)



The Cape of Good Hope, washed on one side by the Atlantic and on the other by the Indian Ocean.

Taking the Blank from Blanket Buying

By HOWARD A. MUNSON, Business Manager,
Rest Haven Hospital, Sidney, B.C.

IT is a very easy job to supply your institution with blankets—just choose a certain type and colour from the first salesman who comes along and give him an order for a case or two. In due time they will arrive and be scattered through scores of rooms—and you will get the reaction in a year or so.

However, if you really intend to “buy” blankets, you will have a problem worthy of your best efforts. Shall they be all wool, part wool, or cotton? Will they stand hard usage? Will they withstand repeated washings? Will the nap disappear rapidly and the blanket become hard and lifeless?

Of course the type of blanket you buy will depend upon the use to which you will put it, but there are a few general principles which can be applied to all blankets.

“All Wool”—of a Sort

First of all, there are many different grades and types of wool. The best is known as virgin wool or new wool, never used before. There are many grades of this, which are governed by the breed of sheep, section of the country, pasturage, storage, etc. These things the buyer of blankets cannot control, but he can insist that his blankets be made from virgin wool and that it be the longest staple.

Many hundreds of “all wool” items today are made from reclaimed wool. This wool may be twenty-five years old and have gone through many processes. Some of its forms are called “choice wool clips” or “sweater clips” or “garnet stock” or “Shoddy” and many other terms. It is still “all wool” and can be so labeled in any blanket or garment, but with every garnetting its fibres

become shorter and shorter until they have very little strength or wearing qualities.

It would be a good idea if every buyer of blankets could visit a first-class mill and see blankets made. Briefly, this is what he would see:

The originally dirty and greasy wool is thoroughly cleansed. It is then put through a blending process where the different grades of wool are mixed for the desired result. The next step is carding, that is combing all the wool fibres so they run parallel to each other. This group of fibres must be spun and twisted down into the proper size yarn for weaving rooms. Yarns running lengthwise are called “warp” yarns. Those running crosswise are called “woof” or filler yarns. It is the interweaving of these two yarns that forms the blanket.

This weaving produces a thick, coarse, and rather loosely woven fabric. It must be thoroughly cleansed and, while wet, put through a machine that forces it to shrink. This pulls the fibres in closely together, and the better the job done here, the less shrinkage you will get in your own laundry process.

Up until now this cloth has no appearance of a blanket and would not be much warmer than an old burlap bag. So the next process is “napping”. The cloth passes through large cylinders which are covered with fine wires. As they revolve the wool fibres are picked up and this forms the nap. This gives the blanket both its beauty and its warmth.

Wool and Cotton

What kind of blanket should you buy? This will depend on the usage it will get. All cotton might be ideal



for some types of duty. All wool, both in warp and filler, could be used in your best rooms. Or a combination of all wool filler with the warp threads all cotton. It is my opinion that this latter type will be the best general blanket to use. In the first place the warp threads are the framework of the blanket and they must be strong. All cotton yarns of the proper size give the necessary strength. Secondly, you want enough wool to give the necessary warmth, and 100% woolen filler yarns of proper size will do the trick. There you have a combination of strength and warmth, without too much initial expense and without creating too much of a laundry problem.

How to Judge Quality

In buying this ideal blanket the buyer must necessarily base his judgment, to a large extent, upon appearances. The following characteristics should be considered as the basis of selection:

1. *Weight.* The weight of the blanket is determined by its construction. (In this we are considering a blanket made with 100% cotton warp threads and filled with 100% virgin wool filler threads.) A caution is necessary here—thousands of blankets are sold each year as “all wool” when what is really meant is that the *filler* is all wool. An “80% wool blanket” may be 80% wool in the filler, but is not really eighty per cent wool when one considers both warp and filling. If you are offered two blankets, one 60 x 84 and another 70 x 84 and they both weigh

(Continued on page 46)



An Unusual Avocation

**Carillonneur at Hart House is
Staff Member Plan for
Hospital Care**

PEOPLE engaged in work associated with hospitals often have avocations of a most interesting nature. With some individuals, what they do on the side may bring them more fame and international recognition than does their regular work. This is noticed repeatedly in the case of musicians, artists and athletes.

A member of the staff of the Ontario Plan for Hospital Care has a most unusual avocation—in fact it is quite an exclusive one, for only a few people indeed can take up a hobby like this. J. Leland Richardson is one of Canada's best-known carillonneurs and has entertained many thousands of people by his Sunday carillon concerts from the Soldiers' Tower at the University of Toronto, by his concerts in other cities where he has been guest caril-

lonneur and also by his Christmas music over the C.B.C. network.

Strenuous Work

Last month we had the privilege of sitting up in the Soldiers' Tower at Hart House with Mr. Richardson while he flooded the campus with echoing peals of joyous music in honour of those about to graduate. It did not take us long to realize why bell-playing requires an unusual amount of physical stamina and is such a strain on the musician. Carillonneurs scoff at electrical keyboards and play bells without such aids because they result in a mechanical effect, without tone colouring.

The keyboard consists of two rows of projecting wooden pegs or keys (each representing a note on the piano) which ring the bells by means of connecting wires. Foot pedals resembling those on a pipe organ are

used as a rule for the bass notes. The amount of force required ranges from one and one-half pounds pressure in the case of the upper treble bells to twenty pounds pressure in the case of the Bourdon, the $4\frac{3}{4}$ ton bass bell. Oddly enough this is called the "tenor" bell, because it is always the first bell cast and tuned in the carillon.

This means that the bells are not played with a velvet touch; on the contrary the carillonneur pounds the keys with the sides of his clenched fists (the little finger of each hand covered by a felt pad to soften the blows) or with vigorous lunges of his feet. As the more intricate compositions require the continuous and rapid use of both hands and both feet, the perspiring carillonneur resembles nothing so much as a human jumping-jack, with arms flailing and

the body bobbing up and down as he uses his weight on the foot pedals to boom out the deeper notes. The player must be in good condition to stand it for a full hour's programme.

It is especially difficult to get the correct touch when using heavy pressure. Moreover the wide variation in the force required for each different note must be kept in mind, and the pressure exerted be neither too great nor too small. Along with this, of course, must be remembered the tonal quality and expression of the music being played. A most pleasing effect of sustained and well-blended harmony can be obtained by playing *tremolando* on two or three bells simultaneously.

Trained in Belgium

Mr. Richardson, although still in his thirties, has gained an enviable reputation in this unusual field. A past president of the Canadian Chapter of the Guild of Carillonneurs of North America, he has been guest carillonneur in many cities. He has been interested ever since, at the age of ten, he was allowed to pull the bell rope at his church. When the 23-bell carillon was installed at the Metropolitan Church in Toronto in 1922 (the first in North America),

Mr. Richardson really became interested, and a few years later he went to Belgium to study under the late Jef Denyn, the world-famous Belgian carillonneur.

After his return Mr. Richardson was in charge of the bells at the Metropolitan, and for the past twelve years has been carillonneur at the Soldiers' Tower of the University of Toronto, installed in 1927. His playing during the visit of the King and Queen received particular commendation from Their Majesties.

There are many interesting facts about carillons. A carillon is a set of 23 or more bells, all of which are in tune with the larger tenor bell, so that harmonies as well as melodies may be played with pleasing effect. In a set of bells made to *chime* the tuning is not so accurate. The art of tuning bells for carillons was discovered in the seventeenth century by a Flemish bell founder, named Harmony, who kept it as a family secret. Thus it remained for several generations—until the family died out and the art was lost! It was not until the early part of the present century that it was rediscovered by two of the most famous English bell founders, Gillet and Johnson of Croydon, and John Taylor of Loughboro.



The First World War brought destruction to many of the fine old Flemish carillons. It is believed that very few, if any, have survived the Nazi invasion of Belgium and Holland in 1940. It is an interesting fact, however, that in many instances where the European carillons have been destroyed, records made years before are now amplified and played from the towers.

Proposed Changes in C.H.C. Constitution (2nd Notice)

At the April meeting of the Executive Committee of the Canadian Hospital Council, Mr. H. G. Wright, Nova Scotia, gave notice that at the next meeting of the Council he would move that the members-at-large of the Executive Committee be increased from 2 to 3.

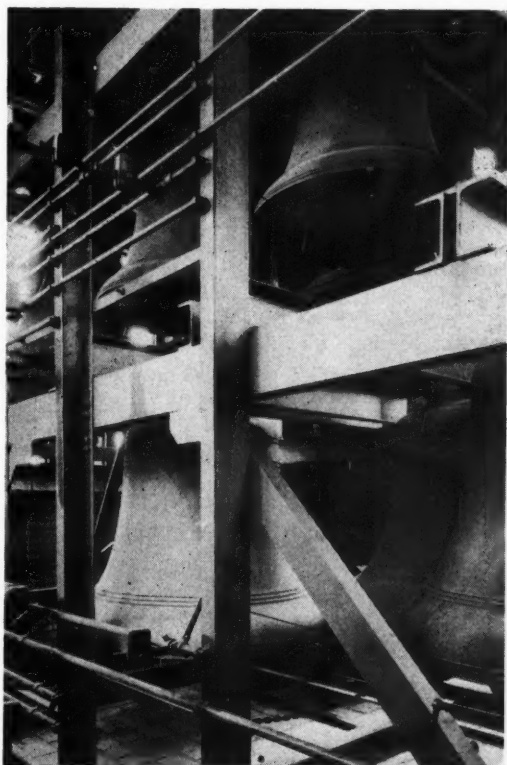
Dr. A. F. Anderson, Alberta, gave notice of the following motion:

"WHEREAS there has been amalgamation and decentralization of associations;

"AND WHEREAS Ontario is much larger in population, is under-represented and contributes largely to the Council,

"THEREFORE the Ontario Hospital Association should be given four representatives."

An amendment to the constitution to provide for such will be asked at the next meeting by Dr. Anderson.



Top Left—Soldiers' Tower from quadrangle of Hart House.

Above—Mr. Richardson at the keyboard.

Lower Left—Some of the bells in the carillon.

Obiter Dicta

Another Triumph for Medical Science

RELASE of information that research workers in the University of Toronto are now engaged in the production of *penicillin*, the powerful new bacteriostatic, has occasioned much satisfaction. This does not mean that it will soon be available for civilian use, for Acting Surgeon-Captain C. H. Best has stated that the entire output for some months to come will be assigned only to the armed forces. Small amounts, it is said, are now being distributed to selected doctors for clinical observation but the drug is not generally available at the present time.

Penicillin has been described as a bacteriostatic rather than a bactericide, because its chief function is to prevent the growth of bacteria rather than to kill the organisms. It has remarkable potency, one part in ten million being highly active against a variety of bacteria. Unlike the sulphonamides it does not seem to have toxic effects and does not harm the leucocytes. There is reason to expect that, for these reasons, penicillin may replace the sulfa drugs, provided early clinical observations are maintained and its cost of production can be reduced.

To some extent penicillin had an accidental discovery. In 1928 Professor A. Fleming of St. Mary's Hospital in London, England, was growing bacterial cultures in agar broth. An unsealed petri dish became infected with a mould and Dr. Fleming happened to notice that the patches of mould were surrounded with faint orange halos in which *all the bacteria had ceased to develop*. He investigated and found that this orange-coloured infiltrate came from the mould and was obviously affecting the growth of the bacteria. No special study was made until 1939 when chemists began to check on the nature of the substance, now called penicillin because the scientific name of that particular mould was *Penicillium notatum*.

The problem of extracting penicillin from the mould was a difficult one but was finally achieved by selective absorption; this is done by running the unrefined extract down a tube evenly packed with finely-powdered alumina, magnesia or silica. Different substances in the solution

are attached with varying degrees of firmness, so that by subsequently running pure solvent down the column, those which are less firmly absorbed move down the column. Eventually a series of well-defined bands or zones appear, in this case a bright yellow-orange zone indicating the level of absorbed penicillin. In this way other extracts, some of which are highly toxic, are removed. It is not known, however, whether or not Canadian investigators are using this method of extraction.

The problem now is to effect laboratory synthesis either of the extract itself or of a closely-allied product with similar effects. For two years research has been going on in London under Professor Heilbron and in Oxford under Professor Sir Robert Robinson. Now Toronto and, we believe, several American laboratories are working on this problem. There is much promise that there will soon be available for general use this latest triumph of medical research, honours, again going to the chemists.



Identification by Fingerprints

THE suggestion of an R.C.M.P. official at the convention of the Chief Constables' Association of Canada that everyone should be fingerprinted would seem to have a good deal of merit. He stressed its value in the identification of victims of amnesia, in preventing illegal possession of registration cards and in checking up on spies and saboteurs.

He might also have referred to other uses. In the May issue of the *Journal of the Association of American Medical Colleges* Dr. Maurice H. Rees, Dean of the University of Colorado School of Medicine, proposed fingerprinting of all medical schools. The possession of a medical diploma and licence conveys extensive liberties denied to all others. For that reason medical credentials are frequently stolen and sometimes forged. When lost, great care must be taken before replacing them. The actual identification of the individual holding the certif-

icate as the one named on the certificate is often almost impossible, especially if the alleged credentials were obtained in a foreign country. Sentimentalists and politicians who rail at the hesitancy of licensing bodies to dash off licenses while you wait never think of this aspect of the situation.

Dr. Rees quotes a recent case where a "surgeon" in a California hospital was found to have obtained a Tennessee diploma by posing as a graduate of that school and was detected only by a slip in his signature. In his own school there were two students with identical names except for the middle initial. One flunked out of school in the first year; the other after two years transferred to Harvard where he graduated with honours. Shortly after he died. Hearing of this the other wrote for and obtained the credits of his more brilliant namesake and used these to enter and complete the medical course in another university. He too practised for some time before his action was detected. These situations would be prevented were all students fingerprinted and their records properly checked.

From the viewpoint of narcotic control, fingerprinting of all hospital employees, but particularly of doctors and nurses, would be advisable. Writing in *Hospitals* some time ago, Frank J. Smith, Supervisor of Narcotic Control for the State of New York, quoted two instances of nurses using registration cards not belonging to them. Although known cases are exceedingly few, there may be more instances than is realized. We doubt if any great proportion of hospitals actually check on the identification or actually see the certificates of doctors and nurses added to their staffs. Fingerprinting would not be of much help here unless really checked up, but if properly used it would be an effective check against impersonation and its serious consequences.



Premature Extraction of Coupons

MANY patients bring their coupon books to the hospital as required, but they have already taken out the coupons for the period of hospitalization, was the complaint voiced by several delegates at the Maritime Hospital Association meeting. This practice, of course, defeats the purpose of "collecting" the coupons, which is to prevent people from obtaining double supplies of rationed goods for the patient during the period of hospitalization.

This matter was discussed with the Controller of Rationing for Nova Scotia, who very kindly attended the convention in order to assist the hospital representatives in working out a number of rationing problems. He pointed out that this is an illegal practice and that the best way for hospitals to stamp out this growing practice would be to report to the regional officer all such instances. It could then be left with the regional officer to deal with the case as he would see fit.

Hospitals are requested to report these instances, for there does seem to be a growing feeling on the part of many people that they can take liberties with these cou-

pons and "get away with it". The government has been lenient with hospitals in issuing supplies even though not fully covered by the necessary number of coupons. In view of this fair consideration it is up to the hospitals to co-operate with the government in obtaining enforcement of the regulations.



Radishes and Roses

NOT long ago a well-known hospital administrator stated that all too many administrators and trustees and even some dietitians themselves think that the hallmark of a good dietitian is to be able to carve a radish into a nice rose. In other words they expect her to "doll up" the trays to enhance their appeal to the patient. Naturally, they expect her to operate the dietary department in an efficient manner, but they may not fully realize the importance of one major function of the dietitian, the tremendous influence which the dietitian can, and should, exert on the health of the patient.

Dietetic research has made long advances in the past few years. Shorn of the exaggerated claims on the part of some over-enthusiastic, diet therapy has established beyond dispute its value in a wide range of diseases. The physical and mental results of dietary revisions in the Armed Forces would make a fascinating story. The well-trained dietitian can do much to hasten the recovery of patients, yet seldom is the dietitian called into direct consultation with the physician except in diabetic cases. In many of the large hospitals a surprising number of the attending doctors do not know the dietitian by sight or even by name.

Not only could the dietitian promote convalescence, but she could be of assistance in preventing nutritional deficiencies. It is not enough to prescribe a diet helpful to the condition under treatment; it is of almost equal value to see that the diet, especially if prolonged, does not develop deficiencies of grave future significance. An example in point is the possibility of a prolonged and unbalanced diet for peptic ulcer leading to anemia and an avitaminosis from lack of iron and essential vitamins. Here a skilful dietitian, working in co-operation with the physician, could work out a diet which would not only meet the immediate needs of the patient but, at the same time, consider the patient's normal requirements. Why not utilize to the fullest extent the knowledge and services of the dietitian?



Printing Schedule Changed

OWING to the labour situation and the desirability of giving their staff a summer vacation, the Fullerton Publishing Company has found it necessary to delay the printing of this issue of *The Canadian Hospital*. We anticipate being able to return to our normal period of publication next month.

Resuscitation by Rocking

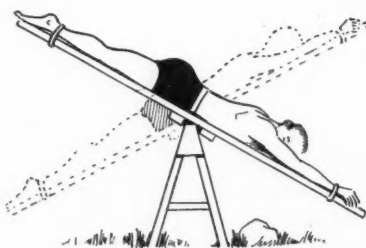
A Simple Method for Protracted Cases

This is the season when almost every newspaper records some death by drowning. It would seem appropriate, therefore, to call attention to a method of resuscitation which does not seem to have received as widespread publicity as its efficiency would warrant. This is the method known as "Eve's Rocking Method".* It is recommended as being especially valuable for use at sea (Gibbens), since the equipment necessary is of the simplest and the operation can be carried out by unskilled men, efficiently and with little fatigue. These same reasons make it equally valuable on our own Canadian lakes and beaches, where a team of trained men, such as is necessary with the older methods of artificial respiration, is seldom available when an accident occurs.

"Essentially the method consists in laying the patient on a stretcher, which is pivoted about the middle on a trestle, and rocking up and down rhythmically so that the abdominal viscera push the flaccid diaphragm alternately up and down." (Gibbens).

(The article assumes that a stretcher and trestle will be available, but in case of emergency a ladder or door laid over a log might be pressed into service. The important thing is that the plane on which the patient is laid must rock back and forth easily on its fulcrum, and that some means must be found to prevent the plane from slipping while it is rocked.)

The patient's wrists and ankles are bound to the stretcher (or ladder), and the stretcher is rocked at the rate of a cycle every 4 or 5 seconds, that is 12 to 15 double rocks a minute. The rocking movement should be started abruptly, almost roughly, so that the abdominal contents begin to move early in the stroke. It is advisable in the beginning to tilt the stretcher to an angle of 45-50° at the conclusion of the head-down



stroke, in order to facilitate chest drainage. Later a slope of 30° will be found sufficient. While the rocking is being carried on, the clothing can be removed and the patient given a rub-down. Hot water bottles and hot blankets can be applied without disturbing the rhythm of the operation in any way.

Advantages of the System

The efficiency of the rocking method of resuscitation has been thoroughly proven. It gives a prolonged expiration, in contrast to the quick expiratory gasp produced by the Schafer type of artificial respiration. It does not depend for good results on chest elasticity, as does the older method.

The rocking method does not require the full-time employment of a team of specially-trained men and their reliefs. Anyone can pick up the rhythm in a few minutes and take over the rocking. This is a factor of great importance if the operation must be kept up for several hours.

First-aid treatment for shock may be instituted and carried on during the period of the rocking without disturbance to the patient or the operator. If necessary the method can be employed with the patient lying on his back, though under such circumstances the tongue must be held forward. This facilitates the treatment of injuries to the front part of the body.

The method can be used for patients suffering from electrocution and gas poisoning as well as drowning, and is recommended as an alternative to the "iron lung" in cases of respiratory paralysis.

Maritime Plan for Hospital Care Now in Operation

The Maritime Plan for Hospital Care, sponsored by the Maritime Hospital Association, is now enrolling groups of subscribers.

A strong committee under the chairmanship of the Rev. J. R. Macdonald of Antigonish laid the foundations. The Service Association is now organized with Dr. Joseph A. McMillan of Charlottetown, P.E.I., as chairman and Miss Ruth C. Wilson of Moncton as Secretary-Treasurer and Managing Director.

Enrollment is by groups. Family coverage is provided. Hospital care is given in either standard wards or semi-private rooms for a total of 21 days in the year. Hospitalization may be taken outside of the province in case of sudden illness or accident when away from home.

Use of the operating room, anaesthetic materials, dressings, casts, ward drugs and medicines, clinical laboratory examinations and tests are provided. For those patients not needing bed care, 25 per cent of the cost of hospital service is borne. Emergency services are also available immediately following the accident on the initial visit only. Maternity benefits are available after ten months' consecutive membership, but only to the extent of 50 per cent of the hospital charges and for a period of not more than 12 days. Medical care, including x-ray examinations, is not provided, nor does the contract cover acute alcoholism, drug addictions or care normally given under Workmen's Compensation.

The cost for standard ward service is 50 cents per month for the single subscriber and \$1.00 per month in all for the subscriber's spouse and all children under 17 years. For semi-private accommodation the rates are 75 cents and \$1.50. Better accommodation may be taken on payment of the difference in charges. Pre-existing chronic conditions are covered.

The address of the Executive Director is P.O. Box 115, Room 8, Bank of Nova Scotia Building, Moncton, N.B.

*Eve, F. C., (1932), *Lancet*, 2, 995; Killick, E. M., and Eve, F. C., (1933), *Lancet*, 2, 740; Gibbens, G. H., *British Medical Journal*, Dec. 26, 1942, pp. 751-2.

Critical Inspection



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IN BULK CONTAINERS

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor,
"Stay put during the summer" is the slogan on our railway hoardings, and programmes are being arranged for holidays at home. Happily

I live within a short walk of Dulwich Village which is one of the restful beauty spots within easy access of central London. Until the war it possessed a farm in full operation which was the nearest to Charing Cross—less than six miles from the heart of the city. In the village is situated the ancient foundation of Dulwich College, not the Public School which is a short distance away, but the almshouses for old people founded in 1617 as Alleyn's College of God's Gift by Edward Alleyn, the friend of Shakespeare. In the same group of buildings is the Chapel and a picture gallery which for its size takes a leading place among the galleries of the metropolis. The whole village has an old world charm which has been enhanced by the restoration of some of the old buildings by the owners, the Governors of Dulwich College. Among them is a row of small houses which included a curiosity shop. Enemy action has done some damage and among other places to suffer injury was the front of the shop. The present tenant was given the choice of several frontages and for the purpose of his business as an antique bookseller he chose a latticed window such as the little building was known to have possessed in the seventeenth century. The business of this man Salkeld was originally established in another South London suburb by his father, just ten years before the constitution of the Dominion. The original shop is now one of a row of wrecked buildings. First the upper part was burnt and then a bomb was dropped into what remained, so that Salkeld and his wife only just escaped with their lives.

Now he has started life again and is picking up the associations which he has far and wide.

Browsing

Browsing in a secondhand book shop shares for many people the attractiveness of browsing around an old library. An alternative is the bookseller's catalogue which opens up many of his hidden stores. Prices of books have been rising—and justly so—on the basis of supply and demand, since there has been an enormous destruction. A large portion of the publishing trade was concentrated in one area of London which suffered severely from enemy action. The clearing out of private libraries to send books to the forces and for the waste paper campaign has lessened the number to reach the secondhand bookseller. Nevertheless they are still able to pick up a certain number and are allowed to issue catalogues on a restricted scale and on specified conditions. They must not be sent out indiscriminately but only to customers who make a small payment for them. So it was that, browsing through Salkeld's catalogue, I noticed an item which seemed likely to have some interest for your readers.

It was an address delivered by Rudyard Kipling on 1st October, 1908 to the students of the Medical School of Middlesex Hospital, of which Canada's Governor-General has since been chairman for some years. It bore the simple title "Doctors". How highly it is prized is shown by the fact that the historian of the medical school, Dr. Campbell Johnson, chose it to be printed in full out of all "many wise and charming addresses" delivered at the opening of the session by "members of the Royal Family, the Archbishop of Canterbury, Admiral of the Fleet, Field Marshal, Lord Chancellor, distinguished authors and others".

Privileges of Doctors

Perhaps the most striking passage in Kipling's address was that in which he dealt with the privileges of

doctors. "You and Kings", he said, "are about the only people whose explanations the police will accept if you exceed the legal limit in your car. On presentation of your visiting card you can pass through the most turbulent crowd unmolested; even with applause. If you fly a yellow flag over a centre of population you can turn it into a desert. If you choose to fly a Red Cross flag over a desert you can turn it into a centre of population towards which, as I have seen, men will crawl on hands and knees. You can command any ship to enter any port in the world. If you think it necessary to the success of any operation in which you are interested, you can stop a 20,000 ton liner with her mails in mid-ocean till that operation is completed. You can tie up the traffic of any port without notice given. You can order houses, streets, whole quarters of a city to be pulled down or burnt up, and you can count on the co-operation of the nearest armed troops, to see that your prescriptions are properly carried out".

Shortly after delivery the address was published with an introductory preface by Mr. Reginald Lucas, a lay member of the Committee of Management. He was particularly interested in the Cancer Charity connected with the hospital, which was originally established in 1792. In a short note dealing with developments in the treatment of cancer he referred to the varieties of remedies suggested to Lord Metcalfe, Governor-General of Canada just one hundred years ago. He suffered from a malignant growth on the face through which he lost the sight of one eye. His biographer, however, tells us that "to all of these suggestions Metcalfe was gratefully indifferent". Mr. Lucas included in the volume the fine poem by Oliver Wendell Holmes, "The Two Armies". This poem is singularly appropriate to recall at the present time and also constitutes another link created by this little volume between readers on both sides of the Atlantic.

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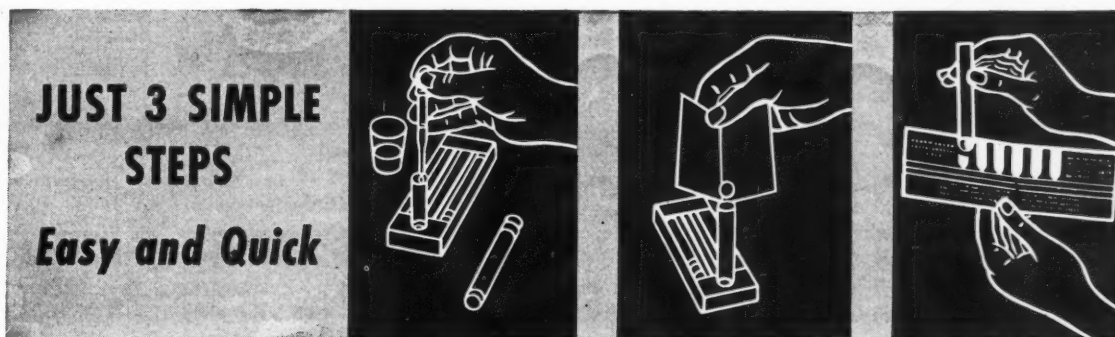
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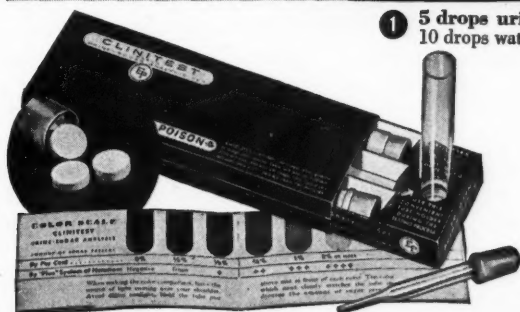
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Minimum Acceptable Standards for Hospitals Radiologic Departments or Laboratories

Recommendations of the Canadian Association of Radiologists

(The first part of this article was published in our July issue. A limited number of reprints of the whole article have been and will be available on request.)

VII. Library

THE department or laboratory of radiology should have an ample library of the current scientific journals, monographs and text books bearing upon the work of the department. These are a proper expense of the department.

VIII. Fiscal Arrangements

Radiology is a special field in the practice of medicine requiring special post-graduate training as of other specialties. The physician engaged in the field of radiology is governed by the same principles of ethics as his colleagues.

The radiologist may devote the major portion of his time to the practice of his specialty in the hospital department or laboratory. Under such circumstances, however, he remains the consultant to the attending and resident staffs, although in a managerial capacity he may be responsible to the governing body of the hospital for the operation of one of its important departments.

He should have a considerable freedom to set schedules of fees in his department, consonant with the general policy of the hospital board, and of his provincial division of the Canadian Medical Association, as noted above. Where the patient's economic status is a deterring factor, the radiologist, like his physician and surgeon colleagues, should be at liberty to waive part or all of the fee.

No one fiscal arrangement can be practicable in all locations or all institutions. As a general principle, statement of charges for radiologic examinations or treatments should show the names of the physician-radiologist or radiologists concerned, whether rendered by the hospital for

the department or directly by the medical personnel.

There are three general acceptable plans:

(a) space leased by radiologist who owns the equipment and operates department more or less independently; or space and equipment owned by the hospital under lease to the radiologist;

(b) equipment and expenses covered by hospital, radiologist receives a percentage of department income;

(c) guaranteed remuneration for either or both professional and managerial services. This should embody provision for the physician-radiologist to charge consultation fees personally in certain classes of patients, or for increased remuneration on a percentage arrangement when the departmental income exceeds a predetermined figure or rate.

The essential features of each fiscal arrangement between radiologist and hospital should be primarily that neither party shall exploit the other for undue gain, and that insofar as practicable, the personal relationship of physician and patient shall be preserved. The radiologist, upon accepting the appointment as such, assumes the responsibility for the proper operation of his department to the benefit of the several patients and the assistance of the attending staff, to the best of his ability. For this he is entitled to a fair remuneration for his professional services as a specialist and consultant, and for his management, especially in the larger institutions, dependent upon his ability and experience.

The hospital on the other hand is entitled to fair reimbursement for services or supplies rendered to the laboratory directly and proportionately in its general overhead.

Adequate medical and non-medical assistance, replenishment of expendable supplies, replacement of obsolete equipment or extension of existing

equipment to meet increased demands may have to be provided entirely from earnings. Funds for preparation and publication of scientific papers, some of the cost of attendance upon scientific assemblies by the medical staff, and a working library are legitimate expenses of such a radiologic department in a hospital.

But the department should not disproportionately be penalized by demands for undue free service where large outdoor charity clinics are operated by the hospital; nor should it be deprived of its proper credits where governmental or other contracts are accepted by the hospital management at a relative or real loss on an inclusive per diem or similar basis. The practice of some hospitals when long time fractional payments by patients are permitted, to credit all payments against the hospital's bed charges, except the last (which may never be paid) is especially condemned.

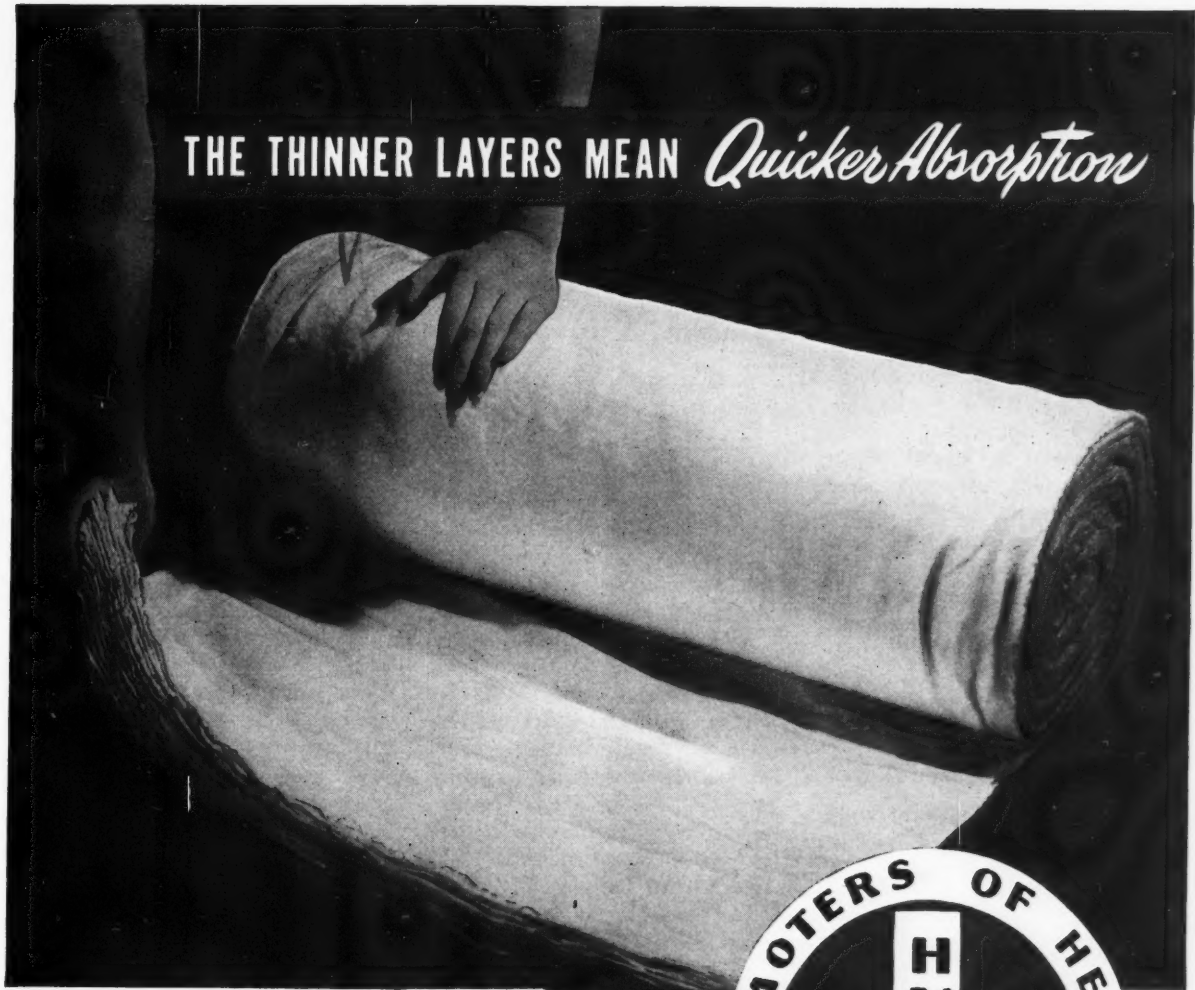
To reiterate, neither hospital nor radiologist should exploit the other.

Fees: Reference has been made to the principles that the fees for radiologic examinations or treatment should be set by the radiologist in charge (with the advice of the administration and in mutual confidence as indicated above), that they are essentially for the opinion and consultation, and that the department should not be caused to suffer loss through undue demand for free service, contract arrangements made by the hospital management or improper allocation of credits on collections.

Where one or more qualified radiologists comprise the professional staff of such departments, the value of examinations or treatment is greater than where inexperienced personnel only is available.

The medical staff of the department or laboratory is subject to the same code of ethics as the other members of the profession. (See

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Code of Ethics, Canadian Medical Association.) The solicitation of clientele by rebate or concessions to referring physicians and surgeons is to be condemned as thoroughly in the hospital as in private practice.

IX. The Small Hospital

The small community and its hospital, and the small hospital in the larger community present special and often difficult problems in maintenance of adequate service. In the outlying communities, X-ray equipment for radiography of fractures is necessary. The duplication of small X-ray equipment in several physicians' offices, none of whom have adequate training in its use or disuse, will cost the patients dearly both in the expense of reimbursement of the physicians for the purchase price and interest on their investment and in loss due to inexperienced interpretation.

For both patient and physician, an expert spending only part time in the area is of greater value than the novice on full time. It is to the advantage of the medical profession and its patients to pool resources in the community hospital for such special services.

For the small hospital whose quantity of cases or financial status does not afford the full time attendance of a radiologist, it is recommended that:

(a) a qualified radiologist in the same community or a *neighboring* one be invited to become a consultant member of the staff, and to plan, direct and supervise the operation of the X-ray laboratory.

As such, he should be responsible for the selection of equipment suitable for the hospital and the proper training of technical personnel, and make such regular visits to the hospital as may be required to maintain proper service to the patients and consultation with the attending staff.

Where distances are great, films accompanied by adequate clinical information should be sent to him by messenger or mail, and reports, opinions and advice returned promptly. Under such circumstances the consultant should make a personal visit not less often than monthly, preferably to coincide with meetings of the staff. No fluoroscopy or radiation therapy should be attempted except when the consulting radiolo-

Coming Conventions

August 30-September 10—Institute for Hospital Administrators, Knickerbocker Hotel, Chicago, Ill.

September 9-10—Canadian Hospital Council, Chateau Laurier, Ottawa.

September 12-13—American College of Hospital Administrators.

September 13-17—American Hospital Association, Hotel Statler, Buffalo, N.Y.

October 6-8—British Columbia Hospitals Association, Empress Hotel, Victoria. (The Manitoba, Saskatchewan and Alberta conventions will probably be held in the period Sept. 30-Oct. 15).

October 20-22—Ontario Hospital Association, Royal York Hotel, Toronto.

October 20-22—Womens' Hospital Aids Association (Ontario), Royal York Hotel, Toronto.

Week of May 22, 1944—Canadian Medical Association, Toronto.

gist is in attendance. In general, cases requiring such should be transported to the larger centre where adequate equipment and personnel are available.

(b) An interested member of the medical staff should be encouraged and if need be subsidized, to undertake post-graduate training under a qualified radiologist, such as the consultant, so that he might act as a resident in radiology, with access to the consultant for advice and assistance.

(c) The hospital should engage a *properly trained technician*, preferably selected by the consultant radiologist, so that films would be of a proper quality and the patients assured adequate protection from damage due to improper exposure to X-rays. Such technician should be responsible to the consultant or his delegated assistant.

(d) *Equipment* should be kept at a minimum compatible with the needs of the patients of the hospital and the community. Selection is best made by an experienced radiologist after study of the existing and potential needs of the hospital. Fluoroscopic equipment should not be available unless adequately experi-

enced medical personnel is available to operate it and to protect both the patient and doctor from damage due to improper use.

(e) The expense of an X-ray laboratory in the small hospital is proportionately greater than in the larger institutions. The proposed or actual investment, operation, maintenance, replacement and service expenses and actual need should be studied carefully by experienced persons, before final decision is made to purchase any equipment. If the hospital "over buys", the patient is the ultimate sufferer.

Where a qualified radiologist is not in charge of the laboratory nor rendering opinions, the fees charged patients or their underwriters should not be at the rate recognized as proper for specialist service and consultation. The hospital is not entitled to derive profit from charges out of proportion to service rendered.

(The Canadian Association of Radiologists will be pleased to assist and advise hospital administrators and medical staffs on problems relative to their radiological departments or laboratories. Request should be addressed to the Executive through the Honorary Secretary.)

Good News!

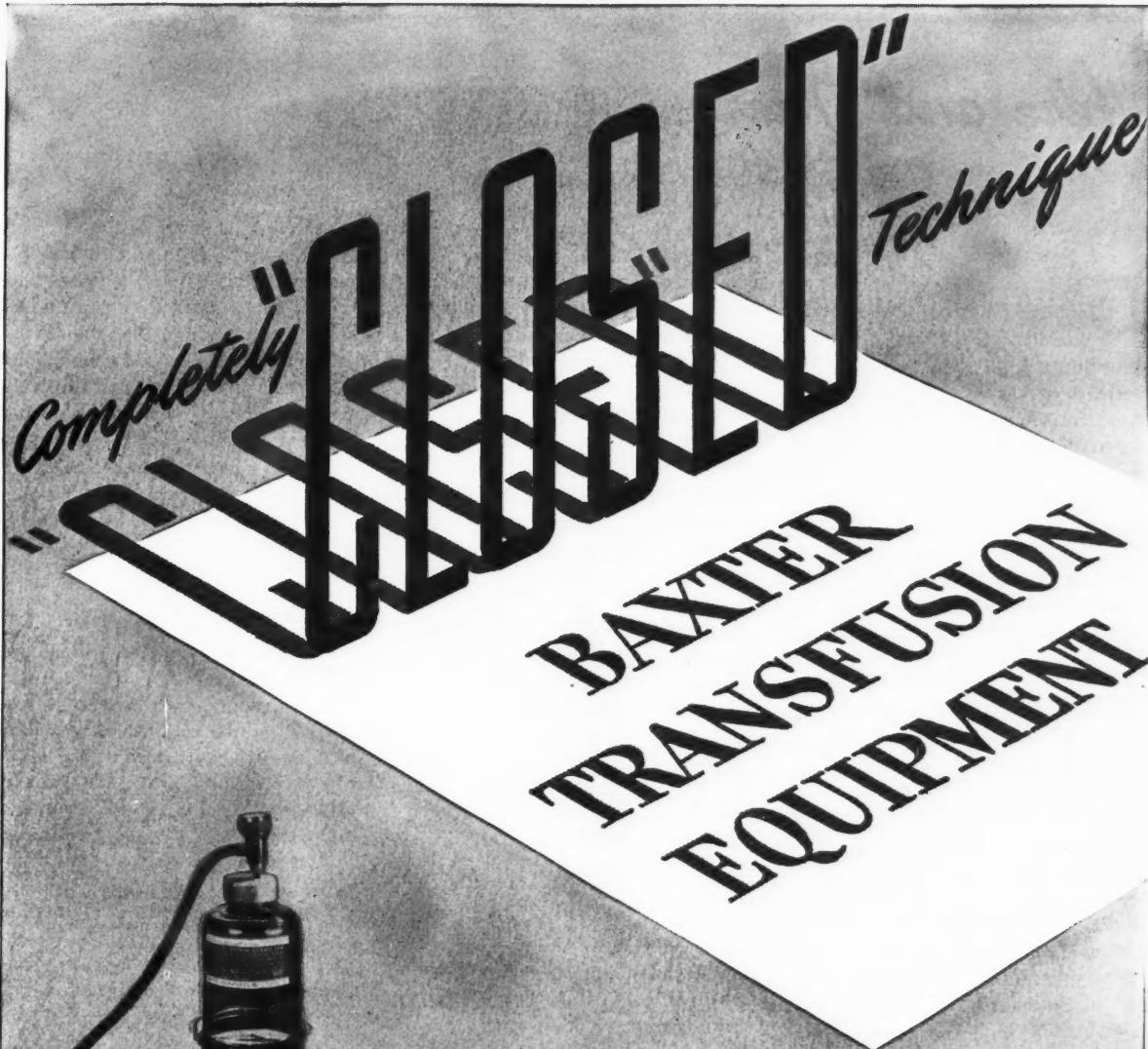
Word has just been received that Mr. Everett W. Jones, Head Hospital Consultant, War Production Board, Washington, will attend the Canadian Hospital Council meeting in Ottawa, Sept. 9 and 10.

As most of our priority applications hinge on Washington and cross Mr. Jones' desk, his interpretation of regulations and of the future will be most helpful.

Two Graduated in Hospital Course at University of Western Ontario

Two students have this year received Certificate of Hospital Administration given by the University of Western Ontario on the successful completion of the one-year course. The course is modelled on that given at the University of Chicago, which was largely planned by Dr. M. T. MacEachern.

The two graduates are Miss Dorothy Morgan and Miss Muriel Malloy.



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Here and There

By The EDITOR

A New Service by Hospitals

THE progressive hospital is always ready to meet new demands. Sometimes these are quite unusual. A case in point arose recently at Denver. The A.H.A. President, James Hamilton, was on one of the usual and arduous trips to regional and state meetings which the conscientious President tries to take in, and found again on this western trip that laundry-back-the-same-day had long since become merely a memory. The result was that he landed in Denver with a bag full of soiled shirts—and a bright idea. Why not see Frank Walter, the President-elect, and see if he could induce his laundry foreman at St. Luke's to do a quick job?

It was so arranged. That night the cheery Mr. Hamilton was again on his way, this time with a treasured bundle of neatly finished laundry in his bag. Alas, when he arrived at Wichita and opened the precious package he found stencilled across every shirt in large indelible letters the incriminating words: "PROPERTY OF ST. LUKE'S HOSPITAL".

* * * *

Men as Volunteers in Hospitals

Canadian hospitals have utilized women as volunteer workers quite extensively, but have not taken advantage of the potential manpower in their communities to any extent. In the United States, however, male volunteers have been of great assistance, and we are wondering if some of our hospitals have not missed an opportunity, not only to obtain volunteer service, but to enlist the interest of many public-spirited citizens.

Hospitals across the line report that they have been given excellent service by men of all walks of life—business men, lawyers, dentists, ministers, tradesmen, mechanics and others.

In some hospitals these men cut

all the lawns and weed the flower beds, in others they have put in and tend a victory garden. In some hospitals certain men undertake to keep all the floors waxed and polished; in others they carry out the garbage and do heavy lifting each day. In one hospital a minister works several hours a week as an orderly. Mechanics have helped the over-worked engineering and repair staff in the hospital by assisting in repairing plumbing and various articles of equipment.

Sometimes these volunteers are recruited from local service groups, sometimes the Women's Auxiliary takes the spouse by the ear. The point is that most people today are anxious to do something worthwhile and the hospital has a greater general appeal than most of us who work constantly with hospitals realize.

* * * *

"Birds of a Feather . . ."

We cannot mention the hospital but it is beautifully located on the Pacific coast. Not long ago one of the graduate nurses—a jolly woman who does not mind a joke at her own expense—made the mistake of falling out of bed. Unfortunately her arm was broken and had to be carried in a sling for some time.

Shortly after the mishap a badly-inebriated woman, much the worse for wear, was admitted. She, too, had sustained a broken arm. Next morning, still a bit befuddled, she opened her swollen eyes to behold right before her a nurse wearing an identical sling. "Glory be", she exclaimed, "Were you at that party too?"

* * * *

Big Task Confronts Voluntary Plans

"In 1943 hospitals on this continent will receive 55 million dollars from Blue Cross Plans", stated Mr. R. F. Cahalane of Boston, Director of Blue Cross Plans for Massachu-

setts, at the Maritime Hospital Association convention in Kentville. "These Plans mean a lot to our hospitals."

"However, we have an unfinished task ahead of us. We must finish the job if we are to survive. We must 'get off the dime' and enrol more people. We must preface such action by an extensive programme of public education. *Community enrolment* is the solution."

* * * *

Tonnage and Poundage

George Cheyne, the physician, who studied at Edinburgh under Pitcairn, and subsequently started a London practice, died two hundred years ago. Full living made him enormously fat. He was 32 stone in weight and asthmatic. But from a milk and vegetable diet he derived much benefit. So much so that he recommended it in all the later of his twelve medical treatises.

Marcus Donatus, a Roman grammarian, records the case of a person named Vincentinus, who believed that he was of such enormous size that he could not go through the door of his house. His doctor, however, gave orders that he should be forcibly led through it. Accordingly, this was done. But not without fatal effect, for Vincentinus cried out as he was forced along that the flesh was being torn from his bones and that his limbs were being broken off. Of which terrible impression he died in a few days, accusing those responsible as being his murderers.

At the court of Louis XV there were two lusty noblemen, who were related to each other. The king, having teased one of them for his corpulency, said, "I suppose you take little or no exercise?" "Your majesty will pardon me," replied the over-sized duke, "I generally walk two or three times around my cousin every morning."

The CANADIAN HOSPITAL

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Excellent style and in the best of cottons. Until such times when we will have filled the many orders on hand, we will not advertise any of our later models, but instead, will tell you the story of some of our clocks.

Commonly known as an English Bracket Clock, but which is really a Table Clock, this is an excellent example of the London made Clock of the 1800's.

In a rosewood case, standing some 16 inches in height, upon four brass feet, it is exquisitely proportioned, and good to look upon.

Our Clock has white enamel dial, finely wrought brass hands, monthly calendar. It strikes only on the hour. The back plate is finely engraved, and bears the maker's name; this was a feature of the period during 1700, because the clocks were in many cases, placed on shelves and mantels, while wall mirrors behind the clocks revealed the back plates and consequently the engraving with names.

Bland & Company Limited
1253 McGill College Ave.
Montreal, Canada

Profitable Sessions at C.H.C. Meeting in Ottawa Anticipated

MUCH interest is being taken in the forthcoming meeting of the Canadian Hospital Council at Ottawa on Thursday and Friday, September 9th and 10th.

The programme this year is being built around the current problems besetting all hospitals at the present time and it is anticipated that a thorough discussion of many of them will take place. A number of the associations have already indicated the delegates by whom they will be represented and the presence of these leading administrators and trustees will ensure spirited discussions. Some

of the delegates who will attend are of the impression that hospitals have been assigned an impossible task under present conditions and are prepared to say so.

While each association will be represented by its official delegates, all hospital workers are reminded that they will be welcome at these sessions. If you can plan to be in Ottawa at that time you will enjoy the meetings very much and will have an opportunity of hearing a number of the administrators and controllers of various governmental departments discuss their respective activities. Owing to limited accommodation at

the present time, those desiring rooms should make application without delay to the Chateau Laurier or to the Lord Elgin if that hotel be preferred.

A number of those attending the Ottawa meeting have expressed their intention of going on to Buffalo that week-end to the meeting of the American Hospital Association and the American College of Hospital Administrators which will immediately follow during the week of September 12th. An excellent programme is being planned for the American meeting and a fine wartime exhibit has been arranged. Those desiring accommodation at the Statler Hotel in Buffalo should make arrangements early. It is suggested also that they should not leave their American visas till the last minute, and so avoid any unanticipated delays.

* * *

Preliminary Agenda

(Summarized)

Thursday, September 9th

9.30 a.m.—Registration of delegates and alternates.

10.00 a.m.—Presidential Address—George F. Stephens, M.D.
Review of Council Activities by the Secretary-Treasurer.

11.00 a.m.—HOSPITALS UNDER WAR CONDITIONS.

(a) Personnel Problems:

Findings in National Health Survey;
National Selective Service and Hospital Personnel.

(Mr. A. MacNamara, Director of National Selective Service and Mrs. Rex Eaton, Assistant Director, have kindly consented to participate in the discussions).

Wages, hours and living conditions.

Paid and voluntary part-time workers.

Recommendations to National War Labour Board.

2.15 p.m.—(b) Food Problems:

Rationing and coupon regulations.

The Outlook for 1944.

(Mr. E. J. Jordan, Deputy Co-ordinator, Foods Administration, will assist in the discussion).

(c) Hospital Construction and Equipment:

The present situation.

The outlook in priorities.

(Mr. E. W. Jones, Head Hospital Consultant, W.P.B., Washington, will attend and Canadian administrators have been invited).

Co-relation of building programmes for military hospitals with civilian facilities.

(d) Hospitals and Soldiers' Dependents

(The Chairman of the Dependents' Board of Trustees has accepted an invitation to be present).

(e) A.R.P. and other defence preparations.

Nursing

Review of recent developments

Training and employment of V.A.D.'s

Curricular changes.

Friday, September 10th

9.30 a.m.—Hospital Accounting

Health Insurance

Discussion of current federal proposals.

(It is anticipated that Dr. J. J. Heagerty, Mr. A. D. Watson and Mr. W. G. Gunn will be present).

Policy for future guidance

Voluntary hospitalization plans.

"The Canadian Hospital"

Hospitals and Venereal Control—(Lt.-Col. D. H. Williams, Chief, Division of Venereal Disease Control, D.P. & N.H., will open the discussion).

2.15 p.m.—The National Health Survey—(Portions not already discussed).

Hospital Finance.

Workmen's Compensation Board arrangements.

Contracts with the Indian Affairs Branch.

(Dr. P. E. Moore, Acting Superintendent of Medical Services, will be present).

Hospitals and Narcotic Control—(Either Col. Sharman or Mr. Hossick of the Narcotic Division will attend).

Hospital Legislation

Recent developments.

Women's Hospital Aids

Announcement of new manual.

Resolutions

Election of New Officers.

The above agenda is a temporary one only and may be subject to change before the meeting. It is possible that an evening session may be held on Thursday, September 9th.

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Linseed Soft Soap	Sprayers
Liquid Scrub Soaps	Sterilizing Compound
Liquid Toilet Soaps	Sweeping Compound
Lacal — floor finish	Toilet Soap (bars)
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Nurses in South Africa
(Continued from page 22)

dow; a tailor plies his trade on the sidewalk; while a dead camel is being skinned on the side of the road!

We saw the "tanks" which, uncovered in 1880, indicated that they had been used to store water from the surrounding hills since B.C., and are now restored to their original use. Aden is the oldest ship-building port in the world. The Queen of Sheba used Aden-built dhows when she went to visit King Solomon, and legend has it that the Ark was built here. Driving out to the oasis, some seven miles from the town, Cain's grave was shown on the cliff. When compared to the arid barrenness of the surrounding country, where no rain has fallen since January, 1941, this little spot which is supplied by water from the Queen of Sheba's wells, was a veritable paradise. On our return trip, we passed a camel-caravan setting out for the interior. With a little persuasion, the lead camel descended and I ascended but, after this experience, I agree that the term "Ship of the Desert" is an apt one in more respects than one. The sensation was not unlike that of a small vessel on a high sea.

You can imagine the welcome given later that night to twelve women at a station where they were outnumbered by the men fifty to one—especially as we arrived on New Year's Eve. A trio of United States boys serenaded the "Canadian Matron" with "Hi Neighbour". We returned to the ship before midnight and stood silently on deck to hear the time-honoured custom of the sea—the striking of sixteen bells to herald in the New Year. On New Year's Day we paid calls to the various warships and next day, due to the intense heat, were relieved to move on through the Red Sea. We were off French Somaliland the day the French declared themselves in favour of the Allies.

We docked at Suez and, without loss of time, secured a car for the two-hour drive to Cairo. How I wish my description of the scenes on which the blue, cloudless sky of Egypt looked down could do justice to the intriguing "Middle East". We were deluded by mirages on several occasions, and can quite

Shortage of Canned Goods

From far and wide the Canadian Hospital Council has received telegrams and letters respecting the present and anticipated shortage of canned goods. This difficulty has been taken up several times with Ottawa, where the authorities are fully aware of our situation. As we go to press a wire from Fresh Fruit and Vegetables Controller E. J. Chambers states: "Re your telegram 31st, every consideration has been given to possible measures of control within bounds of practicability to assure processed fruit and vegetables from 1943 crop".

understand how thirsty travellers would urge their steeds toward these "elusive illusions" of a cool green oasis. As Cairo was approached, the change from desert to fertility was phenomenal. The Delta of the Nile, although not wider at any point than 20 miles, grows as many as three and four crops of maize, alfalfa, beans and other vegetables in one season. We drove first to Heliopolis, which in pre-historic times was the capital of Egypt and the home of the Sun-God worshippers. There we saw a giant sycamore which has grown from a shoot of the tree under which the Virgin and Child rested on the flight from Egypt. Cairo itself was fascinating its teeming thoroughfares presented an unending kaleidoscope of humanity. Arabs—dark, haughty looking men, veiled women, wallowing urchins and vermin-infested (if scratching is any criterion) beggars, jostled with camel and donkey trains, regardless of sidewalk privileges. We were desirous of securing a broad view of the city and its environs, so proceeded to the Citadel where, after mounting to its parapet, a bird's-eye view was obtained. Immediately below lay the mosques with their tall, slender minarets, insignia of a living religion, while beyond the Nile stand the monuments of kingdoms and gods long dead—the Pyramids. Driving as close to the plateau as possible, three alternative modes of transportation were presented—shank's pony, a camel or a donkey: the camel won, and each member of our party mounted and "rocked" from one point of interest to another. The Sphinx, with its inscrutable smile, stands guard over the entrance to one of the Tombs and at present is "having its face lifted" by layers of sand

bags, which extend from chest to chin, to prevent damage from bombing we are told. The nose of this enormous recumbent lion, with the head of a king, measures 5 feet 7 inches, while the mouth is 7 feet 7 inches. A fanatical shiek (pronounced "shake") attempted to disfigure the head, and succeeded in giving the nose a decided "saddle" bridge appearance. We investigated the tombs of the Kalifs, then to the Great Pyramid of Kheops, whose colossal proportions must have called forth the same ejaculations of astonishment from Greek and Roman travellers in antiquity. To learn that 2,300,000 separate blocks of stone, averaging 2½ tons, each quarried from the east bank of the Nile and ferried across to the plateau, were required to build this one Pyramid, gives some idea of its size and the effort entailed in its construction. One Bedouin guide wore a turban of blue, indicating him to be a "believer", and demonstrated that it was seven times the length of his head and would serve as a winding sheet "when Allah spoke". We visited one of the most beautiful buildings I have ever seen, the alabaster Mosque of Mohammed Ali—the slender, lofty minaret of which is one of the landmarks of Cairo. We then turned our attention to the "muski", that being the shopping district. Malodorous, narrow lanes covered by awnings and flanked by shops approximately six feet wide, displayed everything from Life-Buoy Soap to camels bladders; but the jewellery, which we would have purchased was very expensive.

Upon reaching Suez we found, with some difficulty (there being a blackout) the French Club; but, still replete with the attractions of the day, hardly knew what was eaten.

HANOVIA SAFE-T-AIRE LAMPS



Hanovia Safe - T - Aire Lamps.
Wall Type Model, especially
applicable for nurseries.

Hanovia Safe - T - Aire Lamps.
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CLINICAL observations have demonstrated that certain infectious diseases, such as chickenpox, measles, and upper respiratory infections, may spread under conditions in which direct and indirect contact have been eliminated and where the only remaining vector is the air.

Evaporation of minute droplets expelled in expiratory processes enable infection to ride these droplet nuclei on air currents.

Ultra-violet irradiation has proved effective in destroying air-borne droplet nuclei containing pneumococci, hemolytic streptococci, tubercle bacilli, influenza virus Type A, and other organisms. The history of ultra-violet disinfection of air for control of epidemic contagion dates back to 1932.

New, improved Hanovia Safe-T-Aire Ultra-violet Lamps are available for nurseries, operating rooms, clinics, isolation wards and milk formula rooms at new low prices.

Investigate Hanovia Safe-T-Aire protection today. Complete details on request.

HANOVIA CHEMICAL & MFG. COMPANY

Safe-T-Aire Dept. CH-3

Newark, N.J., U.S.A.

We came on board at midnight, our only regret being that we were unable to take the turning marked Jerusalem!

Next day we returned to earth—or rather to sea—and had a busy time taking on our patients, who were transferred from hospital train to ship in a remarkably expeditious manner; these numbered 470 in all and with the exception of approximately 40 walking cases, were stretcher patients. Some time during that night the boom barrage opened and we slipped out, next morning finding ourselves in the Red Sea with the Mountains of Sinai looming on our left. With many of our patients seriously injured there was little time on the return trip for sight-seeing, but we made an effort to give all the nursing staff an opportunity to come from their wards (which were well down in the hold and in which it was rarely possible for port-holes to be open) and, in relays, each had a few hours ashore at each port of call.

At Port Sudan, the principal port for Anglo-Egyptian Sudan, the port chaplain took us in his glass-bottomed boat to view the Marine Gardens, where two R.A.F. lads dived and presented us with generous samples of exquisite, Dresden-like coral. There too, we saw members of the Fuzzy Wuzzy tribe of dervishes.

At Berbera, a port of British Somaliland from which our forces had disembarked for Abyssinia, we took on four Italian Generals, one of whom had been a tenor in the Metropolitan Opera. Then came the greenest port on the North Indian Ocean, Mombassa; a picturesque ancient Arab town where, when driving through the streets, we saw an open-air school of Muslem boys, whose swaying bodies accompanied a sonorous recitation of the day's lesson.

It was close to the end of January when we again reached Durban and transferred our boys once again to a hospital-train for inland hospitals. My duties took me back to the Transvaal for several weeks, until, early in March, nineteen of the original group of 80 boarded a United States transport ship for home. Built to carry 1,700 passengers, you can imagine that with a list of 5,000 of eleven nationalities we were a crowded and cosmopolitan assortment. Nine nurses

occupied a cabin originally designed to accommodate two. Only two meals a day were served and found ample, after one contrived to smuggle a jam sandwich out at breakfast to tide over the noonday hunger. Fresh water was carefully rationed to one cup per person per day; an armed guard stood over the tap at all times; but an abundance of cold sea water was always available, and it was wonderful how one contrived to soap the entire skin surfaces with fresh water, rinse with the icy briny, then still have a tablespoonful left to wipe the salt from one's face. Of course we wore life preservers constantly, and for nights did not undress. We were pleased to be made responsible for the ship's hospital, where our patients numbered between 92 and 114 in the infirmary, with approximately 500 in the convalescent stage. We had several cases of measles, and even an emergency appendectomy.

With some 700 Polish soldiers were 38 officers, to whom the nurses and other passengers gave daily lessons in English. My pupil was a brilliant young school teacher from

Warsaw, whose ability to master English was phenomenal.

We did not travel in convoy, but had air patrol off Casablanca, Gibraltar, and at times in the North Atlantic. A few days were spent off Scotland, where we exchanged a number of our passengers; but, except for those destined to land, none were permitted ashore. After leaving that part of the world the ensuing days were anxious ones; guns were manned constantly and we wakened and retired with a prayer of thanksgiving. At no time were we told where we would land, but the United States lads recognized Sandy Hook. Shortly after a blimp escort came out, and you can be sure it wasn't long before long-distance calls put us in touch with loved ones.

The past three years have provided much in the way of valuable experience, and we have felt that a small contribution has been made. I cannot but believe that one of the lessons this awfulness will teach us is that no hardship, sacrifice or danger is too great if the protection of home is assured.

Community Programmes for Nursing Service

(Concluded from page 15)

taken, possibly by plane, to see the patient. Surgical "teams", including nurses, may be sent to a small hospital. We could learn much from Australia where they have used district nurses, outpost hospitals, aerial ambulances, flying doctors and the hand-operated wireless set to develop an excellent system peculiarly adapted to their thinly-populated areas. After the war the United Nations may have from 150,000 to a quarter of a million planes on hand with 100,000 or more trained pilots. Some 12,000 wounded were evacuated from Tunisia by plane. Therein lies part of the solution for our remote areas.

The rural nurse should be a district nurse and a social worker as well. Specialization is fine in the larger centres but is not feasible in rural work.

The demonstration method of reaching the people has been effectively worked out by various groups—the Red Cross and the provincial

governments in this country and, in the United States, by the Metropolitan Life, the Commonwealth and the Milbank Funds and the Duke and the Kellogg Foundations.

If our national health is to be properly safeguarded, we must approach the problem, not in a piecemeal, disjointed and unco-ordinated fashion, but must work out a system whereby we view the need as a composite whole and so develop the various services that they supplement and support each other in providing a complete and efficient health coverage, yet with an economical requirement of personnel, facilities and funds.

All groups—doctors, nurses, public health workers, hospitals, social service—should jointly work out the community needs. These needs, the personnel required, the available facilities, the costs and the revenues should be considered as a whole in working out the community programme. *Joint effort* and the "lease-lend" principle can be just as effective in community health programmes as in fighting the Axis.

FOR BETTER SERVICE 'TO HOSPITALS AND PHYSICIANS

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with that of Oxygen Company of Canada, Ltd., has been accomplished for the purpose of providing better service to the clientele of both organizations.

The same high standards of product and equipment for which both companies have an established reputation will be maintained. The same service—provided by both organizations in endeavoring to fill your requirements—will continue. Our greatest hope is that you will find this combination of increasing helpfulness. The office nearest you is always ready to be of service.

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TORONTO, ONTARIO

N.S.S. Advertising
(Concluded from page 19)

day 300 women had been placed, and it was estimated that at least the same number had left their names and volunteered to come back some day when business was not quite so brisk.

In a recent issue we called attention to an arrangement whereby the Toronto Hospital Council maintained

a desk for a period of time in the N.S.S. office and all applicants interested in hospital work were referred to this desk.

It is quite possible that advertisements of this type have appeared in other centres. Where such advertising has not been placed, hospitals could recruit housewives in this fashion or might appeal to local women's organizations to sponsor advertising of this nature.

TORCH BEARERS OF SURGERY . . . JAMES SYME



FOILED AS A MACINTOSH MAKER HE FATHERED CONSERVATIVE SURGERY

As a young University student, James Syme, famous Scottish surgeon of the 19th century, discovered a way to waterproof cloth by coating it with rubber. But publication of his findings was delayed, and, as a result, a similar process was patented by one Macintosh, who gave his name to waterproof garments.

Foiled in a commercial career, Syme became the first and most famous exponent of conservative surgery in bone operations. He opposed the radical amputation methods then in vogue, preferring to retain the maximum of healthy tissue. For nearly two decades he led surgical thought in Scotland and England.

The search for better ways of doing things has been the trend in surgery through the ages. Crane Limited has collaborated with surgeons and scientists in providing plumbing equipment especially designed for every

hospital need. The recognition of the need for better aseptic methods and improved aseptic technique has led to the development of the advanced design embodied in Crane Hospital Plumbing equipment.

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AND HEATING CONTRACTORS

Book Reviews

LIPPINCOTT'S QUICK REFERENCE BOOK FOR NURSES. By Helen Young, R.N., Director of Nursing, Columbia Presbyterian Medical Centre, assisted by Georgia Morrison, R.N. and Margaret Eliot, R.N. Illustrated. Price \$2.25. J. B. Lippincott Co., Montreal. 1943.

This, the fifth edition of this standard reference book, has been extensively revised to include material pertinent to wartime conditions. Sections have been added on first-aid, shock, and poison gases. A fuller discussion of blood pressure and blood transfusion and the complete revision of the part dealing with dietotherapy are features of the edition.

The sulfonamides are reviewed, and a suggested outline for a refresher course for graduate nurses will be found interesting and very helpful.

* * *

COMMUNICABLE DISEASES FOR NURSES. By Albert G. Bower, M.D., F.A.C.P., Clinical Professor of Medicine, University of Southern California, Diplomate of the American Board of Internal Medicine; and Edith B. Pilant, R.N., Director of Nursing, Los Angeles County Hospital. Pp. 592, illust. Price \$3.50. W. B. Saunders Co., Philadelphia and McAinsh & Co. Limited, Toronto. 1943.

This very painstaking and thorough discussion of communicable diseases from the nursing viewpoint is as valuable to-day as it was when the first edition appeared. Diseases are treated under the headings of definition, etiology, pathology, symptoms, diagnosis, differential diagnosis, prognosis, treatment (specific treatment) and the nursing care of the disease.

The book is well set up for quick reference, and the numerous illustrations, some of them in colour, are of great assistance. A series of questions at the end of each chapter would prove very helpful to those using the book for instructional or review purposes.

We are pleased to note the emphasis laid on the prevention of the spread of communicable diseases, not only by isolation of infected cases and the preservation of a rigid aseptic technique, but by the intelligent practice of public health preventive measures. Where known methods of inoculation are in existence, the authors rightly urge their use as a community duty as well as a personal safeguard.

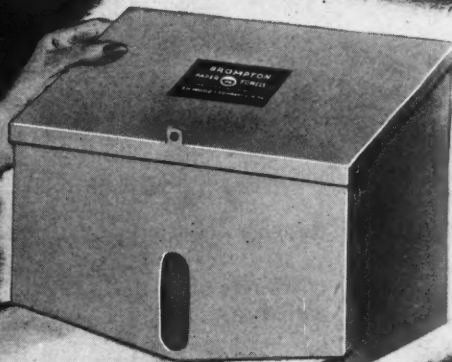
Administrator Resigns

Dr. Karl H. Van Norman has resigned as general superintendent of King County Hospital System, Seattle, Washington. He became superintendent of the King County Hospital in 1932.

Dr. Van Norman was one of the many medical superintendents trained by Dr. A. K. Haywood during his tenure of office at the Montreal General Hospital.

The CANADIAN HOSPITAL

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Blankets

(Continued from page 23)

the same, the smaller blanket will be the better buy. It will necessarily have larger threads and more of them. A good 64 x 84 blanket should weigh three and one-half pounds.

2. *Size.* DO NOT BUY BLANKETS TOO SMALL. You pay nearly as much as you do for the next size larger and you fail to give your patients what they are paying for. A blanket that just barely covers the sleeper's feet and will not tuck in at either side is poor economy and poor covering. There should be at least twelve inches to tuck in at the foot, and it should hang over the side of the bed at least eight inches on each side.

3. *Wool content.* The salesman must be willing to give a written guarantee that the wool content is virgin wool, fresh, well cleaned and of the best grade, long fibre stock. Wear, appearance, warmth and beauty all depend on this characteristic being fulfilled.

4. *Size of Warp Threads.* The warp in a blanket is what the steel super-structure is to a building—it acts as the framework which holds



This comparatively new blanket has been torn by improper laundry methods.

the blanket together. Many cheap blankets have cotton warp threads as small as 20's, while in others one may find yarns as large as 10's. However, properly made yarns, of long staple cotton, and size 14 will give excellent results.

5. *Number of warp threads.* It is important that the buyer know how many warp threads there are to the inch, because if the fabric is too loosely woven it will allow excessive wash-out of the wool fibres. A blanket such as we are describing will have 40 "ends" or threads to the inch in the warp.

6. *Number of Filler Threads.* These filler threads not only give the blanket its bulk or fluffiness, but they are the ones which take the napping. A high nap not only gives the blanket its appearance of luxurious beauty, but it supplies the warmth. A blanket is warm because of the countless dead air spaces between the fibres of the nap, which retain warm air and repel cold air from the outside. To give this kind of nap there should be approximately thirty-two filler threads to the inch. These threads must be made of fine, long-staple wool that will hold in rough treatment and many washings.

7. *Binding.* Generally the blanket is bound with some sort of ribbon or it is whipstitched. The ribbon bindings are either satin or sateen. Satin is a silk fabric with a very glossy finish and may be obtained in

many beautiful colours. However, it soils easily and is hard to clean, and it may also look worn and faded before the blanket shows any wear.

A sateen binding is less expensive and looks well when new, but it has the same fault of getting soiled easily and being hard to wash. If the blanket is left in the machine long enough to get the sateen clean there will probably be considerable wear and injury to the blanket. Moreover, sateen wears threadbare very quickly and must be frequently replaced.

Whipstitching has much to commend it even if it does lack the beauty of the other bindings. It does not present any laundry problem, it looks well, and it will wear the life of the blanket. It is also economical. It is by all accounts the most practical for all general purpose blankets.

Laundering

No article on the purchasing of blankets would be complete without a word about their care, especially their treatment in the laundry. The purchasing agent may use excellent judgment in buying the best blankets, and yet the superintendent may get many complaints that the blankets are hard and stiff and have no nap, or that they have shrunk all out of shape. The fault is more likely to be in the laundry than in the blanket. I have observed the blankets on the linen shelves of many institutions, and often they are pitiful things to behold. About all they add to a bed is a little colour and a little weight—

**ASSISTANT
SUPERINTENDENT
OF NURSES WANTED**
for 120 bed, fully modern hospital. Apply, with full particulars, Superintendent of Nurses, Galt Hospital, Lethbridge, Alberta.

TRAVELLING INSTRUCTOR WANTED

The Manitoba Association of Registered Nurses invites applications for the position of Travelling Instructor. Preference will be given to Registered Nurses with the following qualifications: an academic degree, preferably in nursing; experience as a teacher in a School of Nursing.

Applications should be submitted immediately, stating age, full particulars of training and experience to the Secretary of the Manitoba Association of Registered Nurses, 212 Balmoral Street, Winnipeg.

LADY SUPERINTENDENT, ALSO INSTRUCTRESS, WANTED

for the Neepawa General Hospital (38 beds). Duties to commence in September. Apply to Dr. J. R. Martin, Neepawa, Man.

RECORD LIBRARIAN WANTED

by an Eastern Ontario Hospital. Apply nearest Employment and Selective Service Office.

Refer to 408.

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Hospital purchasing agents have—through experience—found that Colgate-Palmolive maintenance soaps save time, work and money. And most important, that they do a thorough cleaning job—hospital cleanliness meriting the highest of praise from doctors and nurses.



Let this simple buying guide help you
in selecting CPP Hospital
Maintenance Soaps

SPECIAL X SOAP FLAKES AND POWDERED SOAP

Build your own soap formula by using Special X Flakes and Soda. Less expensive than ready-built soaps, yet assures best results for flat white work because your formula fits local water conditions. Special X Soap Flakes made from high grade tallow. Guaranteed to contain not less than 88% anhydrous soap. Packed in 100 lb. bags. Also in POWDERED form, containing 92% anhydrous soap.

GOLDEN XXX SOAP CHIPS AND POWDERED SOAP

A dependable pure soap. Assures faster penetration, better sudsability, quicker rinsing, cleaner finished work and lower soap consumption. Saves hot water and fuel. Suitable for temperatures from 100° F. to 160° F. Packed in 50 and 100 lb. bags.

PHOSFOAM

A prepared soap for hot water washing of flat white work and fast-coloured goods. A dependable, uniform product for power laundries of all types. Recommended for use without additional builder. Assures work that is really white, fresh, soft, free from odour. Packed in 100 lb. bags.

SOILOUT BREAK POWDER

A new product which, when used in the first operation for average washings, loosens more than half the soil and stains without harming fabrics. For additional operations, you need add only enough soap to make abundant suds. Packed in 50 lb. bags and 225 lb. bbls.

COLGATE'S KWIKSOLV

A low titre granulated soap for "cold water" washing of fine fabrics and blankets. The only soap available in this patented quick-dissolving form. Packed in 100 lb. bbls. only.

TEXOLIVE SOAP

50 1-lb. bars per box. A neutral soap. Dissolve one pound bar per gallon for washing painted walls, ceilings, furniture, etc.

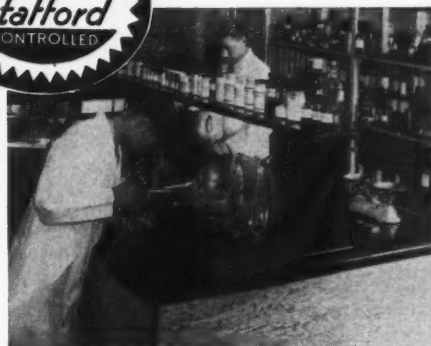
WHITE SOAP

Unperfumed

Plain-milled. Made to Canadian Government specifications. In 2-oz. and 4-oz. sizes. Packed 100—4-oz., 200—2-oz.

WRITE FOR A
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copy of
"Stains—Identification
and Removal"

COLGATE-PALMOLIVE-PEET CO.
HOSPITAL DEPT. TORONTO, ONT.



BAKER'S CONCRETES

(Concentrated Flavors)

Tested and Approved by
Chemists and Dietitians
for Hospital Use.

- FOR FLAVORING
BAKE GOODS, SYRUPS,
SAUCES, MEATS and SOUPS

Years of research back Stafford's quality products prepared under the strictest supervision to ensure uniformity of quality and strength. Dietitians in Canada's large hospitals and institutions use Stafford's nationally known products with confidence for flavoring cakes, cookies, icings, cake fillings, puddings, soups, sauces, substitute for butter in baking and cooking, flavoring of poultry and meat dressings, etc., etc.

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WRITE FOR FREE BOOK . . .

Tells How to Get the Most
Out of Your Flavors.

Helpful tips for flavoring of
cakes, cookies, icings, cake
fillings, puddings, sauces,
substitute for butter in bak-
ing and cooking, etc., etc.

WRITE TODAY.

J. H. STAFFORD INDUSTRIES
LIMITED, TORONTO

Manufacturers of laboratory controlled
food products.

the qualities that gave them warmth have been taken out by improper laundry methods.

Many institutions send their blankets to an outside laundry, but even in this case they can check up on the laundry procedure and insist that they be done properly. And it is without question the best policy to send out the expensive all-wool blankets and have them dry cleaned. However, by following a few simple rules any laundry can retain the beauty and prolong the life of blankets.

First, the water should not be too hot—certainly not over 100° F. The water temperature should be kept uniform all through the washing and rinsing. Water should enter the machine through a mixing tank. Never have hot water running in at one end of the tank and cold at the other.

Secondly, the machine should be completely full of water and it should not be heavily loaded with blankets. Plenty of water and a minimum number of blankets will give the best results.

Third, use a milk or neutral soap.

Harsh soaps with much free alkali are death to wool fibres. Run the machine long enough to create a heavy suds before the blankets are added. Keep enough soap in the machine to maintain these suds all through the process.

Fourth, do not run the machine any longer than necessary. If they can be cleaned in two or three minutes, so much the better. The more pounding and rubbing a blanket gets the more wool fibres will wash out and the more it will shrink.

Fifth, dry them immediately. Do not let wet blankets remain piled high in laundry baskets. Many modern blanket drying frames are excellent but expensive. Inexpensive stretcher frames can be made by the institution, or wood rods may be installed along the ceiling. Blankets should be dried in moderately warm temperatures and they should be draped over the drying rods in single folds. Some institutions have found that it is a paying proposition to instal lines outdoors and have their blankets dried where the wind and sun can strike them. Examination of blankets

dried in this way shows that they are sweet-smelling and very soft and fluffy.

With a little thought in purchasing and some care in handling and storing wool blankets, it is possible for any institution to make decided savings on its blankets.

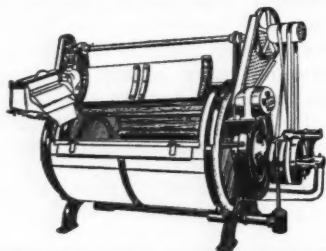
To Fill Important Post

Announcement has recently been made of the appointment of Miss Jessie M. Wilson, R.N., as superintendent of the Brantford General Hospital on the retirement of Miss E. Muriel McKee.

Miss Wilson obtained her R.N. at the Brantford General, and later did post-graduate work at the University of Toronto. She returned to her Alma Mater to become assistant superintendent and director of nursing for eight years. In 1937 she accepted the superintendency of the Memorial Hospital at St. Thomas, Ontario, a position she has held from that time.

Miss Wilson is a member of the American College of Hospital Administrators and the British College of Nurses.

These EW-WASHERS are made in Three Sizes



All are equipped with their own large safety wringer—rolls 14" x 2¼"—and Electric Motor to operate both Washer and Wringer.

No. 1EW Washer has an inside cylinder of 30" by 32" and has a capacity of 36 lbs. of clothes.

No. 2EW Washer has an inside cylinder of 30" by 40" and has a capacity of 45 lbs. of clothes.

No. 3EW Washer has an inside cylinder of 30" by 48" and has a capacity of 55 lbs. of clothes.

The Cylinders and outside casing are made of Douglas Fir—2" thick.

Lowest Prices and Easy Terms

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Special Denatured
Completely Denatured } **ALCOHOL**
Anhydrous

**GOODERHAM & WORTS
LIMITED**

Industrial Division

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Quebec Distributors:

EGAN-LAING LTD., 437 Mayor Street, Montreal

**We'll be glad to take care of
your requirements.**

On their War Record...

Sunfilled pure concentrated
ORANGE and GRAPEFRUIT JUICES
will simplify the economical
planning of post-war menus

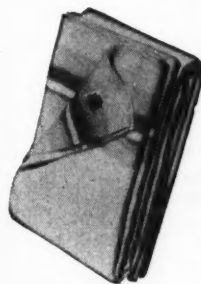


CITRUS CONCENTRATES, INC.
DUNEDIN, FLORIDA

As previously announced, the total output of Sunfilled concentrated citrus fruit juices has been drafted for service of the armed forces. Not only have they provided a solution to the problems of perishability and cargo space required to transport bulky fresh fruits... they afford the equivalent in flavor, body, nutritive values and vitamin C content as well. This achievement of Sunfilled Products means a better balanced diet for our fighting forces and those of our allies receiving them as lease-lend supplies.

Sunfilled quality, economy and convenience count today! These dependable qualities will also serve to advantage in the planning of post-war menus. Until present restrictions are modified, available fresh fruits, though more costly and less convenient to prepare, should prove adequate for civilian needs.

Where are all those *Ayers* **BLANKETS?**



Wondering why the supply of Ayers All Wool Blankets is so limited today? Why your order can't be filled quickly and completely? Well—it's simply because right now most of Ayers production is going to supply the blanket needs of the Armed Services and, furthermore, the Government has restricted the use of wool for civilian purposes.

But as far as this situation permits—we are trying to meet the more pressing needs of every Ayers customer.

Ayers
LIMITED

LACHUTE MILLS,
P.Q.
Established 1870

Deliveries Disappointing?

Our sincere thanks for your patience... we know we've been less prompt of late in filling your orders for...

STANDARD RECORD FORMS

Just couldn't keep up... our quantity-production prices are the cause of it all... bringing orders from Hospitals, all sizes, all over Canada... then there's the help yelp about which Hospitals know all there is to know... but we're catching up really... so if our samples and prices are not in your files, please write us.

INTERESTED IN HANGER CARDS?

We have four subjects, each in choice of three colors; punched, corded, ready for hanging up. Ask us for a sample.

**HOSPITAL & MEDICAL RECORDS
COMPANY**
175 Jarvis St., Toronto

Lewellys F. Barker

The death in Baltimore on July 13th of Dr. Lewellys Franklin Barker has deprived the world of one of the most brilliant men of our age. Dr. Barker's reputation as neurologist, physician, author and lecturer was world-wide.

He was born 76 years ago in Norwich, Ontario. He graduated from the University of Toronto in 1890 and took his internship at the Toronto General Hospital. Following this he joined the staff of Johns Hopkins under Sir William Osler. He remained at the Hospital for nine years, becoming resident pathologist in 1894. He first received international recognition in medical circles when he was sent to the Philippines in 1899 to help stamp out the bubonic plague. So successful was he in this work that two years later he was asked to perform the same service for San Francisco.

Dr. Barker devoted much of his time to the study of eugenics and heredity. He was a prolific



writer, and his books on internal medicine are widely quoted. He was president of the Association of American Physicians and the American Neurological Association and vice-president of the American Medical Association and the American Society for the Control of Cancer.

Stature of Canadian Children

The health teaching that has been emphasized in schools during recent years appears to be contributing to a considerable increase in the stature of Canadian children. Recent measurements of 80,000 children in Toronto schools, compared with similar measurements in 1923, show that children of ages 7 to 13 years now average from one to two inches taller. Five-year-olds are more than one-half inch taller; fourteen-year-olds are taller now than fifteen-year-olds were then. Corresponding increases are shown in weight.

These records indicate that Canadian children are considerably taller and heavier than English or Scottish and slightly above those United States children that have been measured in recent surveys. There are probably few countries engaged in the present war where conditions have affected as little the health and growth of children as in Canada, thanks to freedom from enemy occupancy or attack, and the relatively abundant food supplies that have been available. —"Canada, 1943".



Dependable Maple Leaf Alcohols are produced from formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

These fine products of careful manufacture are tested precisely from raw materials to finished products.

MAPLE LEAF ALCOHOLS Medicinal Spirits, Iodine Solution, Absolute Ethyl B. P., Rubbing Alcohol, Denatured Alcohol, Anti-freeze Alcohol, Absolute Methyl.

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ALCOHOL**



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CO. LIMITED**

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**Protect Your Surgeons
AGAINST
Voltage Fluctuation
Power Failure
Blackouts**

by
installing
a

**WILMOT CASTLE
EMERGENCY
LIGHT**

Castle emergency units are vitally different.
Unique in design, self-servicing in operation.

Write for a descriptive booklet to:

The Stevens Companies

TORONTO WINNIPEG CALGARY VANCOUVER

RENNET-CUSTARDS OFFER REAL HELP IN..

GASTRO-INTESTINAL *diets*

In a high percentage of gastro-intestinal cases, rennet-custards are helpful. They are simply sweetened and flavoured milk, thickened into a custard-like consistency and made more readily digestible by the rennet enzyme. They are bland and non-irritating.

FREE ... Ask on your letterhead for our new book: "Milk and Milk Food in Diet Planning."

"JUNKET" RENNET TABLETS

Not sweetened or flavored.

"JUNKET" RENNET POWDER

6 Flavors

Packed in institutional and household sizes.

"THE 'JUNKET' FOLKS"

CHR. HANSEN'S LABORATORY,
Toronto, Ont.

"JUNKET" TRADE MARK RENNET POWDER

The Metal Craft Company LIMITED

GRIMSBY

ONTARIO

*Manufacturers Complete
Hospital Furnishings*

CRAFTSMAN



PRODUCTS



Control diet tests show KELLOGG'S ALL-BRAN reliable in producing desirable laxative action

To test whether theoretically equalized amounts of crude fibre from different sources would produce equal results, a group of medical students in a leading university were put on a control diet from which crude fibre had been removed. The "equalized" amounts, measured according to crude fibre tables in nutrition textbooks, were then added, and laxative effects compared.

Fully expected were slight variations from individual to individual, since no two people are exactly alike. But wide variations appeared also in the relative digestibility of crude fibre from the various natural sources studied.

The fibre sources found to be most consistent in their action were cabbage and KELLOGG'S ALL-BRAN. These showed pronounced "bulk"-forming properties and satisfactory laxative action. Fruits and other vegetables gave variable and less pronounced effects.

To be noted, however, is the fact that even cabbage, because of different methods of preparation in the home, would vary in its effectiveness. But KELLOGG'S ALL-BRAN, a uniformly prepared cereal, has a practically constant crude fibre content and is therefore reliable in its desirable laxative effect.

Reprints of published research on laxation are available to physicians and others interested. Just write to:

**KELLOGG COMPANY
OF CANADA, LIMITED**
LONDON, CANADA

Selective Service Asked to Set up Special Facilities

Among the many resolutions passed at the Kentville meeting of the Maritime Hospital Association was one recommending to National Selective Service officials "that special facilities be set up to handle the requirements of hospitals for maids, orderlies, etc., having in mind the securing of permission to advertise for help when necessary".

Hospital executives were advised also to participate in the formation of regional groups so that conferences could be held from time to time.

The Association endorsed wholeheartedly the Principles presented by the Canadian Hospital Council to the federal Committee on Health Insurance and authorized that body to act as its spokesman in this matter. The sum of \$500 was voted towards the work of the Canadian Hospital Council.

Noise Disturbance in Hospitals

A Series



No. 17—Wheel Chairs

It is continually necessary to move patients about, either in wheel chairs or on stretchers. These conveyances can be of much annoyance to other patients, particularly at night, if they are not properly oiled and carefully handled. The wheel chair especially,

with its folding footpieces, can be very disturbing.

With changing staffs of nurses, orderlies and ward aides, repeated instruction on the importance of proper handling of wheel chairs is imperative.

ETHER

Confidence

MALLINCKRODT CHEMICAL WORKS LIMITED • MONTREAL • TORONTO

THE HOME OF FINE
Silverware

It's a mechanized war, but the boys must eat just the same . . . which calls for a lot of cutlery! Just now that's the order we're working on here at McGlashan, Clarke—for which reason it is not possible to ship our old friends all they want. We'll do that AGAIN when the war is over.

McGLASHAN, CLARKE COMPANY LIMITED

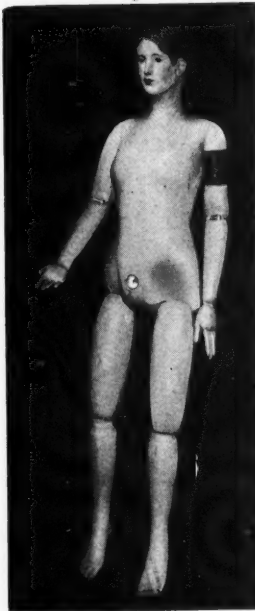
SINCE
1880

NIAGARA FALLS, ONTARIO

C.P.R. BUILDING IN TORONTO

New Chase Dolls for the New Semester

CHECK the condition of the CHASE DOLLS you have on hand. . . . Order the additional ones you need.



ADULT FEMALE HOSPITAL DOLLS

MODEL A without internal reservoir Each \$75.00

MODEL N new improved doll offering facilities for catheterization, bladder irrigation, vaginal douching, colonic irrigation, administration of enemas, hypodermic injections and nasal and otic douching Each \$150.00

Also available in MALE form Each \$150.00

INFANT AND CHILD SIZE DOLLS

	Size	Equipped with nasal and otic reservoirs	Also have abdominal reservoir
NEWBORN BABY	20"	\$ 8.00	
2-MONTHS BABY	22"	10.00	\$15.00
4-MONTHS BABY	24"	12.00	17.00
1-YEAR BABY	30"	15.00	20.00
4-YEAR CHILD	42"	25.00	

Prices are Net F.O.B. New York, U.S.A. Dollars.

Order them now while the matter is before you!

CLAY-ADAMS CO. INC.

44 EAST 23rd STREET, NEW YORK, N. Y.



DON'T OVERHEAT KEEP FLAMES UNDER CONTROL!

It is patriotic to prolong the useful life of your kitchen equipment . . . it is also plain common sense. The durability of Wear-Ever Aluminum Cooking Utensils is well known . . . they last many years with proper care. Guard your Wear-Ever well . . . don't overheat. It is also patriotic to save Power, Gas and Fuel . . . in wartime.

A Few Simple Rules

on the care of Aluminum Utensils

Wash in hot soapy water promptly after use; rinse with clear water and dry thoroughly; never scrape with a knife . . . use a wooden spoon. Don't use steel wool on the outside of the utensil . . . it dulls the finish.

"Wear-Ever"

ALUMINUM COOKING UTENSILS

**HOSPITAL
EQUIPMENT
AND FURNISHINGS**

**CONTRACT
SALES OFFICE**
• SIXTH FLOOR •

EATON'S - COLLEGE STREET
PHONE TR. 1257

**SOLVE CLOTHES DRYING
PROBLEMS**

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**CONNOR
RAPID
TUMBLER
DRYER**

3 models dry 20, 26
or 32 pounds of
clothes in 30 to 45
minutes.

Low Fuel Consumption—gas, electric or
steam heated.

**Low Cost — Easily
Installed.** Floor
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